

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90401 025 ***158.75

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04282004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000103441					
1. Entity Name MEDUCOMP, INC.					
Principal Place of Business 8911 SW 57TH STREET COOPER CITY, FL 33328			Mailing Address 8911 SW 57TH STREET COOPER CITY, FL 33328		
2. Principal Place of Business 13591 NW 3RD STREET		3. Mailing Address 13591 NW 3RD STREET		4. FEI Number 65-1096113	
Suite, Apt. #, etc. UNIT 105		Suite, Apt. #, etc. UNIT 105			
City & State PEMBROKE PINES, FLORIDA		City & State PEMBROKE PINES, FLORIDA			
Zip 33028		Zip 33028			
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENIZE-AUGUSTE, PASCALE 8911 SW 57TH STREET COOPER CITY, FL 33327			7. Name and Address of New Registered Agent Name DENIZE AUGUSTE, PASCALE Street Address (P.O. Box Number is Not Acceptable) 13591 NW 3RD STREET UNIT 105 City PEMBROKE PINES FL Zip Code 33028		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS DENIZE AUGUSTE, PASCALE 8911 SW 57TH STREET COOPER CITY, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS DENIZE AUGUSTE, PASCALE 13591 NW 3RD STREET, UNIT 105 PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Pascal Denize</i> PASCALE DENIZE AUGUSTE			4/30/04 954 648-8288 Date Daytime Phone #		