

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111661

Entity Name: MEDCORP, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

6030 BENJAMIN RD
TAMPA, FL 33634

New Principal Place of Business:

9216 PALM RIVER RD.
SUITE 202
TAMPA, FL 33619

Current Mailing Address:

6030 BENJAMIN RD
TAMPA, FL 33634

New Mailing Address:

9216 PALM RIVER RD.
SUITE 202
TAMPA, FL 33619

FEI Number: 59-3685097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMER, MICHAEL S
6030 BENJAMIN RD
TAMPA, FL 33634

Name and Address of New Registered Agent:

ASMER, MICHAEL S
9216 PALM RIVER RD.
SUITE 202
TAMPA, FL 33619

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.

SIGNATURE:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ASMER, MICHAEL S
Address: 8457 FLAGSTONE DR
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: ASMER, PAUL J
Address: 3503 DUNCAN STREET
City-St-Zip: COLUMBIA, SC 29205

Title: SD () Delete
Name: MUNYON, CHRISTOPHER D
Address: 10462 GREENDALE DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MUNYON, CHRISTOPHER D
Address: 10462 GREENDALE DR
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER MUNYON

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date