


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90107 029 ***150.00

DOCUMENT # P01000075720 1. Entity Name MEDCOVE, INC.					
Principal Place of Business 8368 NW 143 ST MIAMI LAKES, FL 33016			Mailing Address 8368 NW 143 ST MIAMI LAKES, FL 33016		
2. Principal Place of Business 1328 CARLSON DRIVE Suite, Apt. #, etc.			3. Mailing Address 1328 CARLSON DRIVE Suite, Apt. #, etc.		
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 65-1128643	
Zip 32804	Country USA	Zip 32804	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIBELLO, DARIN A 1550 MADRUGA AVE STE #327 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2005 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	P ALVAREZ, ALEJANDRO L 8368 NW 143 ST MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, ALEJANDRO L 1328 CARLSON DRIVE ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, LEDIA 4805 SW 152 CT UNIT M MIAMI, FL 33185		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEDIA HERNANDEZ 4805 SW 152 CT UNIT H MIAMI, FL 33185	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MANRESA, ALEXANDER A 8368 NW 143 ST MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MANRESA, ALEXANDER A 1328 CARLSON DRIVE ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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: Alex Manresa SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-11-05 Date		
407-294-6850 Daytime Phone #					

50003312



01112005 Chg-P CR2E034 (10/03)