

FILED
May 02, 2005 8:00 am
Secretary of State

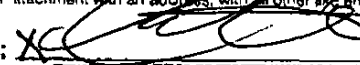
05-02-2005 90569 005 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

40075846



04272005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000089650			
1. Entity Name COCHRAN MED CAL, INC.			
Principal Place of Business 801 SE 16TH CT. #8 FT LAUDERDALE, FL 33316		Mailing Address 801 SE 16TH CT. #8 FT LAUDERDALE, FL 33316	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0486648		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COCHRAN, NATHAN J 801 SE 16TH CT. #8 FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-STATE-ZIP	P COCHRAN, NATHAN J 801 SE 16TH CT. #8 FT LAUDERDALE, FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTSD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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 another duly empowered.			
SIGNATURE: 		NATHAN J. COCHRAN 4/27/05 954-663-2306	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	