

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105360

Entity Name: MEDIC DISCOUNT INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

26331 ASUNCION DR.
PUNTA GORDA, FL 33983

Current Mailing Address:

26331 ASUNCION DR.
PUNTA GORDA, FL 33983

New Principal Place of Business:

24123 PEACHLAND BLVD
UNIT C4
PORT CHARLOTTE, FL 33954

New Mailing Address:

24123 PEACHLAND BLVD
UNIT C4
PORT CHARLOTTE, FL 33954

FEI Number: 04-3715974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDUC, JACQUES
26331 ASUNCION DR
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

LEDUC, JACQUES
24123 PEACHLAND BLVD
UNIT C4
PORT CHARLOTTE, FL 33954 US

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: JACQUES LEDUC

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEDUC, JACQUES
Address: 26331 ASUNCION DR
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEDUC, JACQUES
Address: 24123 PEACHLAND UNIT C4
City-St-Zip: PORT CHARLOTTE, FL 33954

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: JACQUES LEDUC

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date