


**AMENDED**  
**FOR PROFIT CORPORATION**  
**ANNUAL REPORT (AR)**

APPROVED  
AND  
FILED

07 NOV 16 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> P03000000129 <b>1. Entity Name</b> Medirect Latino Inc.	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2101 W. ATLANTIC Blvd		<b>3. Mailing Address</b> 2101 W. ATLANTIC Blvd	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Pompano Beach		City & State Pompano Beach	
Zip 33069	Country USA	Zip 33069	Country USA

11-21-07

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CR2E034B (8/05)

<b>4. FEI Number</b> 201327083	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name <u>Swickle &amp; Swickle, PA</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>633 S. Andrews Ave</u>	
	Suite # <u>201</u>	
	City <u>Fort Lauderdale</u>	FL Zip Code <u>33316</u>

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.

600112392786  
11/19/07--01013--005 \*\*\$1.25

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	P/SID Charles W. Hansen III	TITLE	
NAME	2101 W. ATLANTIC Blvd Suite 101	NAME	
STREET ADDRESS	Pompano Beach, FL 33069	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D.	TITLE	
NAME	DAN GORDON	NAME	
STREET ADDRESS	2101 W. ATLANTIC Blvd, Suite 101	STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33069	CITY-ST-ZIP	
TITLE	D.	TITLE	
NAME	Robert Webb	NAME	
STREET ADDRESS	2101 W. ATLANTIC Blvd, Suite 101	STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33069	CITY-ST-ZIP	
TITLE	D.	TITLE	
NAME	HENRY Austry	NAME	
STREET ADDRESS	2101 W. ATLANTIC Blvd Suite 101	STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33069	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

**SIGNATURE:** Charles W. Hansen III Charles W Hansen III 11-13-07 954-321-3540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #