

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000035365</b>		
1. Entity Name <b>MEDIC-USA SERVICES "V", CORP.</b>		
Principal Place of Business 1065 KANE CONCOURSE SUITE 100 BAL HARBOR ISLANDS, FL 33154	Mailing Address 7931 NW 114TH COURT MEDLEY, FL 33178	
 03112007    No Chg-P    CR2E034 (11/05)		
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, MARIA M DIRECTO</b> 7931 NW 114TH COURT MEDLEY, FL 33178		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when renewing)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS RODRIGUEZ, MARIA M PRESIDE 7931 NW 114TH COURT MEDLEY, FL 33178	<b>DO NOT WRITE IN THIS SPACE</b>  000687313 03/15/07-80023-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LUDOVIC, MARCOS V DIRECTO 7931 NW 114TH COURT MEDLEY, FL 33178	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: <u>786 587 497</u> <small>Daytime Phone #</small>