

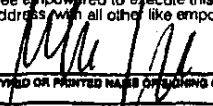


FILED
May 05, 2004 8:00 am
Secretary of State

04-07-2004 90028 010 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000072117			
1. Entity Name MEDOCOM, INC.			
Principal Place of Business 15801 N. BISCAYNE BLVD., #203 N. MIAMI BEACH, FL 33160		Mailing Address 15801 N. BISCAYNE BLVD., #203 N. MIAMI BEACH, FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LANGEN, MAX ESQ 112 SOUTH HIBISCUS DRIVE MIAMI, FL 33139-5130		4. FEI Number 13-4277717 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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  3/3/04 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, 2004 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	D KNIPS, JOCHEN 15801 N. BISCAYNE BLVD., #203 N. MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Attachment

66419490

HP 3000072117

Form **SS-4**

(Rev. December 1995)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN **13-4277717**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) MEDCOM, INC.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name MAX LANGEN
	4a Mailing address (street address) (room, apt., or suite no.) 15801 N. Biscayne Blvd., # 203		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code N. MIAMI, FL. 33160		5b City, state, and ZIP code
	6 County and state where principal business is located Miami-Dade, Florida		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 265-85-9276 MAX LANGEN		
	8a Type of entity (Check only one box.) (See instructions.)		
<input type="checkbox"/> Sole proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input checked="" type="checkbox"/> Other corporation (specify) ▶ Medical <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State FLORIDA Foreign country			
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ MEDICAL <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.)			
06-10-2003			
11 Closing month of accounting year (See instructions.)			
DECEMBER			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)			
Nonagricultural Agricultural Household			
0 0 0			
14 Principal activity (See instructions.) ▶ Medical			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.			
Legal name ▶ Trade name ▶			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number, if known.			
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
JOHN KNIPS, PRESIDENT			
Name and title (Please type or print clearly) ▶			
Business telephone number (include area code) (305) 948-4302			
Fax telephone number (include area code) (305) 948-4781			
Signature ▶ X Date ▶ X June 10/03			
Note: Do not write below this line. For official use only.			
Please leave blank ▶ Geo. Id. Class Size Reason for applying			