

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90248 013 ***150.00

DOCUMENT # P03000072680



1. Entity Name
U.S.A. MEDICAL COLLECTIONS, INC.

Principal Place of Business
7518 EATON COURT
BRADENTON, FL 34201 US

Mailing Address
7518 EATON COURT
BRADENTON, FL 34201 US



2. Principal Place of Business
9715 OLD HYDE PARK PLACE
Suite, Apt. #, etc.

3. Mailing Address
9715 OLD HYDE PARK PLACE
Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34202

Country
U.S.A.

Zip
34202

Country
U.S.A.

4. FEI Number
83-0363628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RANGA, KAKARALA
7518 EATON COURT
BRADENTON, FL 34201

7. Name and Address of New Registered Agent
Name
RANGA KAKARALA
Street Address (P.O. Box Number is Not Acceptable)
9715 OLD HYDE PARK PLACE
City
BRADENTON FL Zip Code
34202

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 Ranga Kakarala 3/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P KAKARALA, RANGA 7518 EATON COURT BRADENTON, FL 34201 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEC FULKS, CHARLES O 5823 26TH STREET WEST BRADENTON, FL 34207 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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 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: Ranga Kakarala RANGA KAKARALA 3/21/06 (941)747-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #