



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000063715</b>		
1. Entity Name <b>MEDICEPTS, INC.</b>		
Principal Place of Business <b>2654 SE WILLOUGHBY BLVD STUART, FL 34994</b>	Mailing Address <b>2654 SE WILLOUGHBY BLVD STUART, FL 34994</b>	  01062006 No Chg-P CR2E034 (11/05)  4. FEI Number <b>20-1034881</b> Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HOLLAND &amp; KNIGHT LLP 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131-3209</b>		
<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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U00000382743 01/12/06-80025-024 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SANTARSIERO, JOHN 2075 SE ST WOIE BLVD STUART, FL 34996	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSCF BRESSTTE, NORMAN F 3270 SW ISLAND WAY PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Norman F. Bressette</u> <b>NORMAN F. BRESSETTE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JANUARY 6, 2006 (772) 781-7979</b> <small>Date Daytime Phone #</small>