



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000067255 1. Entity Name K.C. MEDICAL INC.		 FILED 05 MAY 23 PM 2:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA 																																																																																																													
Principal Place of Business 419 W. 49 ST., STE. 219 HIALEAH, FL 33012		Mailing Address 419 W. 49 ST., STE. 219 HIALEAH, FL 33012																																																																																																													
2. Principal Place of Business 255 Park BLVD Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.																																																																																																													
City & State Miami FL		City & State City: Zip:																																																																																																													
Zip 33012 USA		Zip Country																																																																																																													
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent MOREJON, CARLOS R 1041 W. 59TH PLACE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Francisca Morejon Street Address (P.O. Box Number is Not Acceptable) 1041 W 59 PL City Hialeah FL Zip Code 33012																																																																																																													
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 <u>Francisca Morejon</u> DATE <u>5/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																													
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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: <u>[Signature]</u> DATE <u>05/20/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																															