2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000166322

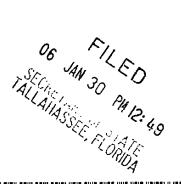
1. Entity Name MEDCONTACT, INC.



Principal Place of Business

13737 NOEL ROAD, STE. 100 DALLAS, TX 75240 US Attn: Donna Jarrel1 Mailing Address

13737 NOEL ROAD, STE. 100 DALLAS, TX 75240 US





01112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2119632

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

DO NOT WRITE IN THIS SPACE

				:	•
	e named entity submits this statement for the ptions of registered agent.	urpose of changing its registered of	office or r	egistered agent, or boti	h, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent signature required when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financin Trust Fund Contribution. 	ıg 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARZEN, CAITLIN M 13737 NOEL ROAD, STE. 100 DALLAS, TX 75240			200065597832 02/10/0601080010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, JEFFREY S 13737 NOEL ROAD, STE. 100 DALLAS, TX 75240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSEN, CAITIN 13737 NOEL ROAD, STE. 100 DALLAS, TX 75240			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIGMAN, DON'S 13737 Noe1 Rd Ste 100 500 W CYPRESS CREEK RD #708 13737 Noe1 Rd 35 ETLAUDERDALE, FL 58300 Dallas TX 75240				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	V ARMIN, CRAIG C 11620 WILSHIRE BLVD LOS ANGELES, CA 90025				',

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 the empowered.

SIGNATURE HE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

Date

Daytime Phone #