

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166322

1. Entity Name
MEDCONTACT, INC.



Principal Place of Business
13737 NOEL ROAD, STE. 100
DALLAS, TX 75240 US
Attn: Donna Jarrell

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

FILED
06 JAN 30 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112006 No Chg-P CR2E034 (11/05)

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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

**DO NOT WRITE
IN THIS SPACE**

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

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	D
NAME	LARZEN, CAITLIN M
STREET ADDRESS	13737 NOEL ROAD, STE. 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	T
NAME	SHERMAN, JEFFREY S
STREET ADDRESS	13737 NOEL ROAD, STE. 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	S
NAME	LARSEN, CAITIN
STREET ADDRESS	13737 NOEL ROAD, STE. 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	P
NAME	STEIGMAN, DON S 13737 Noel Rd Ste 100
STREET ADDRESS	600 W CYPRESS CREEK RD #700 13737 Noel Rd Ste
CITY-ST-ZIP	FT LAUDERDALE, FL 33309 Dallas TX 75240
TITLE	V
NAME	ARMIN, CRAIG C
STREET ADDRESS	11620 WILSHIRE BLVD
CITY-ST-ZIP	LOS ANGELES, CA 90025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200065597832
02/10/06--01080--010 **150.00

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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

Caitlin Larsen Caitlin Larsen, Sec/Dir

1/19/96

Date

Daytime Phone #