

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084151

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: MEDICALT CORPORATION

## Current Principal Place of Business:

1931 SOUTH TUTTLE AVE  
SARASOTA, FL 34239

## New Principal Place of Business:

1931 SOUTH TUTTLE AVENUE  
SARASOTA, FL 34239 US

## Current Mailing Address:

1931 SOUTH TUTTLE AVE  
SARASOTA, FL 34239

## New Mailing Address:

1931 SOUTH TUTTLE AVENUE  
SARASOTA, FL 34239 US

FEI Number: 20-2394669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TREITMAN, NEIL  
1931 SOUTH TUTTLE AVE  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

TREITMAN, NEIL  
1931 SOUTH TUTTLE AVENUE  
SARASOTA, FL 34239 US

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.

SIGNATURE: NEIL TREITMAN

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TREITMAN, NEIL  
Address: 1931 SOUTH TUTTLE AVE  
City-St-Zip: SARASOTA, FL 34239

Title: S ( ) Delete  
Name: HALL, ADRIENNE  
Address: 1931 SOUTH TUTTLE AVE  
City-St-Zip: SARASOTA, FL 34239

Title: TVP ( ) Delete  
Name: ROSS, MICHAEL  
Address: 1931 SOUTH TUTTLE AVE  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TREITMAN, NEIL  
Address: 1931 SOUTH TUTTLE AVENUE  
City-St-Zip: SARASOTA, FL 34239 US

Title: S (X) Change ( ) Addition  
Name: HALL, ADRIENNE DC  
Address: 1931 SOUTH TUTTLE AVENUE  
City-St-Zip: SARASOTA, FL 34239 US

Title: VPT (X) Change ( ) Addition  
Name: ROSS, MICHAEL ESQUIRE  
Address: 1931 SOUTH TUTTLE AVENUE  
City-St-Zip: SARASOTA, FL 34239 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL TREITMAN

PRES

01/10/2007

Electronic Signature of Signing Officer or Director

Date