


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2008 8:00 am
Secretary of State**

02-26-2008 90008 023 ***150.00

DOCUMENT # P06000094207 1. Entity Name MEDICARE ALLOCATIONS, INC.	
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Principal Place of Business 1321 S.E. RIVERSIDE DRIVE STUART, FL 34996	Mailing Address 1321 S.E. RIVERSIDE DRIVE STUART, FL 34996
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66003921



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1766846	Applied For <input 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

GRIFFIN, SHARON B
1321 S.E. RIVERSIDE DRIVE
STUART, FL 34996

**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 _____ (NOTE: Registered Agent signature required when releasing)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, SHARON B 1321 S.E. RIVERSIDE DRIVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALTAYAN, ROSEMARY 1321 S.E. RIVERSIDE DRIVE STUART, FL 34996
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sharon Griffin / Sharon Griffin 01-30-08 771-986-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #