

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013782

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: MEDCOLLECT INC.

**Current Principal Place of Business:**

1247 CHINABERRY DRIVE  
WESTON, FL 33327 US

**New Principal Place of Business:**

**Current Mailing Address:**

1247 CHINABERRY DRIVE  
WESTON, FL 33327 US

**New Mailing Address:**

FEI Number: 20-8350958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHAN, BIBI Z  
6300 SHADOWTREE LN  
LAKE WORTH, FL 33463 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: KHAN, NARRIMAN J  
Address: 1247 CHINABERRY DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: SD ( ) Delete  
Name: KHAN, BIBI Z  
Address: 6300 SHADOWTREE LANE  
City-St-Zip: LAKE WORTH, FL 33463 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BIBI Z. KHAN

SD

01/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date