

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000091913

Entity Name: MEDICAL I.D. CARD INC.

FILED
Apr 15, 2010
Secretary of State

Current Principal Place of Business:

5551 NW 51 AVE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5551 NW 51 AVE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 27-1263548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZZY, RENEE A
5551 NW 51 AVE
COCONUT CREEK, FL 33073 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: P
Name: POZZY, RENEE A
Address: 5551 NW 51 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP
Name: DOLAN, BRIDGET M
Address: 220 NE 30TH COURT
City-St-Zip: POMPANO BEACH, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: RENEE A POZZY

PRES

04/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date