

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069599

Entity Name: MEDICOM CA CORP.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7320 NARCOOSSEE RD  
SUITE # 102  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7320 NARCOOSSEE RD  
SUITE # 102  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 90-0603034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALBOA ORELLANA, EUSKADY T  
9642 PICCADILLY SKY WAY  
ORLANDO, FL 32827 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BALBOA ORELLANA, EUSKADY T  
Address: 7320 NARCOOSSEE RD #102  
City-St-Zip: ORLANDO, FL 32822

Title: P  
Name: MEDINA CASTILLO, MARTIN A  
Address: 7320 NARCOOSSEE RD # 102  
City-St-Zip: ORLANDO, FL 32822

Title: P  
Name: VILCHEZ, LUDWING E  
Address: 7320 NARCOOSSEE RD #102  
City-St-Zip: ORLANDO, FL 32822

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: EUSKADY BALBOA ORELLANA

P

03/17/2011

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

\_\_\_\_\_  
Date