2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000072396 1. Entity Name MEDICAL CAPITAL DEVELOPMENT CORP.

FILED
Jul 07, 2006 08:00 AN
Secretary of State

Principal Place of Business

1415 PINEHURST ROAD

SUITE K-L DUNEDIN, FL 34698 Mailing Address

1415 PINEHURST ROAD SUITE K-L DUNEDIN, FL 34698



07032006

No Cha-P

CR2E034 (11/05)

" No Same !

4. FEI Number 59-3463328

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEARSON, GREGORY A 1415 PINEHURST RD SUITE L-M DUNEDIN, FL 34698

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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.				
	1.5 416 4.7	to a	**	Committee of the state of the s
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
, by				
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
	<u>. Ta i. "í</u>		•	
10. ~	OFFICERS AND DIRE	CTORS		
TITLE NAME	PSTD PEARSON, GREGORY A			
STREET ADDRESS	1415 PINEHURST RD, SUITE L-M			,
CITY-ST-ZIP	DUNEDIN, FL 34698			U00000568302
TITLE			,	07/07/06-80003-009 150.00
NAME				STEERS OF COMMON CONTRACTOR
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption on tained in Chapter 119. Florida Statutes I further certify that the information				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions to national indicated on this report or supplemental report is true and accurate and that my signature mail 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.				

R DIRECTOR