

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 009 ***150.00

DOCUMENT # P97000085568

1. Entity Name
MEDI-M.A.P., INC.



Principal Place of Business
**3780 BURNS RD
SUITE 8 E
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**3780 BURNS RD
SUITE 8 E
PALM BEACH GARDENS, FL 33410 US**

30010892



2. Principal Place of Business
**651 Okeechobee Blvd
Suite, Apt. #, etc.
#710 c/o Litwinka
City & State
West Palm Beach, FL
Zip
33401 Country
Palm Beach**

3. Mailing Address
**651 Okeechobee Blvd
Suite, Apt. #, etc.
#710 c/o Litwinka
City & State
West Palm Beach, FL
Zip
33401 Country
USA**

01262006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0784757

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LITWINKA, JOHN W
3780 BURNS RD
STE 8
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name
[Signature]

Street Address (P.O. Box Number is Not Acceptable)
**651 Okeechobee Blvd
#710**

City
West Palm Beach FL Zip Code
33401

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

Signature, typed or printed name of registered agent and title, applicable.

John Litwinka

(NOTE: Registered Agent signature required when reinstating)

4/06/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DCP	LITWINKA, JOHN	8889 SE COMPASS ISLAND WAY	JUPITER, FL 33458	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Litwinka, President

Date

Daytime Phone #

561-624-9400