


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90097 018 \*\*\*150.00

<b>DOCUMENT # P99000097324</b> 1. Entity Name <b>NEUCOM MEDICAL CORP.</b>			
Principal Place of Business 9745 SUNSET DRIVE SUITE 201 MIAMI, FL 33173-4649		Mailing Address 9745 SUNSET DRIVE SUITE 201 MIAMI, FL 33173-4649	
2. Principal Place of Business <b>10260 SW 56 St</b> Suite, Apt. #, etc.		3. Mailing Address <b>10260 SW 56 St.</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33165</b>	Country	Zip <b>33165</b>	Country
4. FEI Number <b>65-0960081</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARCIA, RENE J</b> <b>10260 SW 56TH ST</b> <b>MIAMI, FL 33165</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <b>GARCIA, RENE J</b> <b>10260 SW 56TH STREET</b> <b>MIAMI, FL 33165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u><i>Rene J. Garcia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Rene J. Garcia</u> President	
Date: <u>1/11/06</u>		Daytime Phone #: <u>305-596-1433</u>	