

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90024 007 ***150.00

DOCUMENT # S32833 1. Entity Name MED/COM MANAGEMENT, INC.			
Principal Place of Business 1800 PENN STREET SUITE 3 MELBOURNE, FL 32901 US		Mailing Address 1800 PENN STREET SUITE 3 MELBOURNE, FL 32901 US	
2. Principal Place of Business P.O. Box 500194 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 500194 Suite, Apt. #, etc.	
City & State Malabar, FL		City & State Malabar FL	
Zip 32950-0194		Zip 32950-0194	
Country USA		Country USA	
4. FEI Number 59-3113267		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACK B SPIRA, ESQUIRE 5205 BABCOCK STREET NE SUITE 8 PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 5205 BABCOCK STREET NE City PALM BAY State FL Zip Code 32905	
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 reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OLIVEIRA, MARIO C 1800 PENN STREETS, SUITE 3 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7-19-04 Daytime Phone # 321 725 5000	

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