
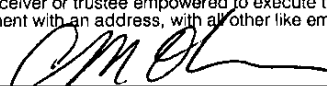


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90060 035 \*\*\*150.00

<b>DOCUMENT # S32833</b> 1. Entity Name <b>MED/COM MANAGEMENT, INC.</b>		
Principal Place of Business <b>P.O. BOX 500194</b> <b>MALABAR, FL 32950 US</b>		Mailing Address <b>P.O. BOX 500194</b> <del>SUITE 3</del> <b>MALABAR, FL 32950 US</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 500194</b>  Suite, Apt. #, etc.	
City & State  City: <b>Malabar, FL</b>	4. FEI Number <b>59-3113267</b>	
Zip <b>32950-0194</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>JACK B SPIRA, ESQUIRE</b> <b>5205 BABCOCK STREET NE</b> <b>PALM BAY, FL 32905</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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>		
<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 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>OLIVEIRA, MARIO C</b> <b>1800 PENN STREETS, SUITE 3</b> <b>MELBOURNE, FL 32901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5200 Babcock St NE Palm Bay FL 32905
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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.		
<b>SIGNATURE:</b>  <b>C. MARIO OLIVEIRA</b>		Date <b>1/25/06</b> Daytime Phone # <b>321-725-5000</b>