2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S38747

Address:

City-St-Zip:

Entity Name: MEDCO FINANCIAL, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11011 SW 11TH COURT PEMBROKE PINES, FL 33025 **Current Mailing Address: New Mailing Address:** 11011 SW 11TH COURT PEMBROKE PINES, FL 33025 FEI Number: 65-0302518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MASSING, ELEANOR K 11011 SW 11TH COURT PEMBROKE PINES, FL 33025 US 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. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MASSING, ELEANOR K Name: Name: 11011 SW 11TH COURT Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PDT Title: Title: () Delete (X) Change () Addition MILLER, BRYAN W Name: MILLERS, BRYAN W Name: 445 E. 25 STREET 445 E. 25 STREET Address: Address: HIALEAH, FL 33013 City-St-Zip: HIALEAH, FL 33013 City-St-Zip: Title: () Delete Title: () Change (X) Addition MILLER, GEORGINA Name: Name: 8991 NW 188 STREET Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33018 Title: () Delete Title: () Change (X) Addition WISE, FRANK Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

445 E. 25 STREET

HIALEAH, FL 33013

SIGNATURE: ELEANOR K. MASSING S 04/30/2002