

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 316109 (8)**  
 1. Corporation Name  
**MEDICAL ARCH CORPORATION**



Principal Place of Business <b>2105 TYRONE BLVD ST PETERSBURG FL 33710</b>	Mailing Address <b>2105 TYRONE BLVD ST PETERSBURG FL 33710</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Country	<b>30</b> Zip

<b>3.</b> Date Incorporated or Qualified <b>06/03/1972</b>
<b>4.</b> FEI Number <b>59-1203764</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**EZZO, JOSEPH A**  
**2105 TYRONE BLVD**  
**ST PETERSBURG FL 33710**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *HELEN J. EZZO* DATE

**12. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> DELETE
NAME	EZZO (JOSEPH A.)	
STREET ADDRESS	2105 TYRONE BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	EZZO, HELEN J	
STREET ADDRESS	2105 TYRONE BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EZZO, CHRISTOPHER	
STREET ADDRESS	10244 130TH WAY N.	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCGETTIGAN, PATRICE	
STREET ADDRESS	5440 JOES CREEK DRIVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**14.** 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *HELEN J. EZZO* DATE: 1/30/98 X 813-317-5993

CR2E034 (10/97)