



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # K55221 1. Entity Name MEDICAL BUSINESS ENTERPRISES, INC.	
--	---

Principal Place of Business 2173 A CENTERVILLE PL TALLAHASSEE, FL 32308	Mailing Address 2173 A CENTERVILLE PL TALLAHASSEE, FL 32308
---	---

DO NOT WRITE IN THIS SPACE



05042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2926150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, JOSEPH J.
2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, SAMUEL M 2173 A CENTERVILLE PL TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, JOSEPH J 2173-A CENTERVILLE PLACE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONRAD, DANIEL P. 2173-A CENTERVILLE PLACE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWATER, R JACKSON 2173 A CENTERVILLE PL TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOTTEN, JAMES A 2173 A CENTERVILLE PL TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILHOIT, CHRISTOPHER A 2173 A CENTERVILLE PL TALLAHASSEE, FL 32308

U00000763691
05/30/07-80026-014 550.00

**DO NOT WRITE
IN THIS SPACE**

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: Joseph J. Wilson - Joseph J. Wilson 5/7/07 (850) 385-0145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER