

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L65047** (7)

1. Corporation Name  
**MEDICAL INVESTIGATIVE SPECIALISTS INC.**



Principal Place of Business: **600 1ST AVE. NORTH SUITE 202 ST. PETERSBURG FL 33701**  
Mailing Address: **600 1ST AVE. NORTH SUITE 202 ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified: **04/13/1990**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **59-2993594**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. **2000 HAWAII AVE N.E.**  
22. Suite, Apt. #, etc.  
23. **ST PETERSBURG, FL**  
24. **33703**  
25. **U.S.A.**  
2a. Mailing Address  
26. **P.O. Box 22462**  
27. Suite, Apt. #, etc.  
28. **ST PETERSBURG, FL**  
29. **33742**  
30. **U.S.A.**

9. Name and Address of Current Registered Agent  
**STOVER, LAURIE  
600 1ST AVE. N.  
STE. #202  
ST. PETE FL 33701**

10. Name and Address of New Registered Agent  
81. Name: **LAURIE STOVER**  
82. Street Address (P.O. Box Number is Not Acceptable): **2000 HAWAII AVE N.E.**  
83. City: **ST PETERSBURG** FL 85. Zip Code: **33703**

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 officer 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: *Laurie Stover* (Print Name) **Laurie Stover** (Print Name)  
Date: **4/23/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>STOVER, LAURIE C.</b>	
STREET ADDRESS	<b>600 1ST AVE. N. #202</b>	
CITY - ST - ZIP	<b>ST. PETE FL 33701</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2000 Hawaii Ave N.E.</b>
1.4 CITY - ST - ZIP	<b>ST PETERSBURG, FL 33703</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Laurie Stover* (Print Name) **Laurie Stover** (Print Name)  
Date: **4/23/96** Office File # **P13-823-7712**

CR2E034 (12/95)