

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052041 (9) 1. Corporation Name

CENTRAL MEDICAL CLINIC, INC

Principal Place of Business

4770 U.S. 19 NEW PORT RICHEY, FL 34652

Mailing Address

4770 U.S. HWY 19 NEW PORT RICHEY, FL 34652

2. Principal Place of Business

2a. Mailing Address

21 4770 U.S. 19 Suite, Apt. #, etc. 22 City & State NEW PORT RICHEY, FL 23 Zip 34652 24 USA 25

26 4770 U.S. 19 Suite, Apt. #, etc. 27 City & State NEW PORT RICHEY, FL 28 Zip 34652 29 USA 30

9. Name and Address of Current Registered Agent

EMANDI, RICH 5723 WESTSHORE DR NEW PORT RICHEY, FL 34652

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 certify the application is in compliance with the provisions of Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Rich Emandi

Date: Feb. 24, 1999

2/24/99

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	EMANDI, RICH	
STREET ADDRESS	5723 WESTSHORE DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	<del>SECRETARY</del>	[ ] DELETE
NAME	<del>SECRETARY</del>	
STREET ADDRESS	<del>SECRETARY</del>	
CITY-ST-ZIP	<del>SECRETARY</del>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	[ ] Change [ ] Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	[ ] Change [ ] Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	[ ] Change [ ] Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	[ ] Change [ ] Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
35 TITLE	[ ] Change [ ] Addition
36 NAME	
37 STREET ADDRESS	
38 CITY-ST-ZIP	
39 TITLE	[ ] Change [ ] Addition
40 NAME	
41 STREET ADDRESS	
42 CITY-ST-ZIP	

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\*\*\*\*158.75 \*\*\*\*158.75

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, with all other like empowered.

SIGNATURE: Rich Emandi, President

2/24/99 727-841-9998

CR2E034 (11/98)