

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90060 028 ***150.00

DOCUMENT # F02000004627

1. Entity Name
MP TOTALCARE SUPPLY, INC.



Principal Place of Business
**6530 WEST CAMPUS OVAL
NEW ALBANY, OH 43054**

Mailing Address
**6530 WEST CAMPUS OVAL
NEW ALBANY, OH 43054**

2. Principal Place of Business

3. Mailing Address

615 South Ware Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004

Chg-P

CR2E034 (10/03)

City & State

City & State
Tampa, Florida

4. FEI Number

31-1412983

Applied For

Not Applicable

Zip

Country

Zip

33619

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
DEUTSCH, HOWARD
19 TANGLEWOOD DRIVE
TITUSVILLE, NJ 08560** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P/COO
Kevin F. Pawlowski
615 S. Ware Boulevard
Tampa, FL 33619** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PAWLOWSKI, KEVIN
615 S. WARE BOULEVARD
TAMPA, FL 33619** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Michael O'Conner
6530 W. Campus Oval
New Albany, OH 43054** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
FRICK, MICHAEL
615 S. WARE BLVD
TAMPA, FL 33619** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jay Gates
535 Madison Avenue
New York, NY 10022** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RUBIN, STEPHEN W
1585 BROADWAY, 22ND FLOOR
NEW YORK, NY 10036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Robert Fusco
615 S. Ware Boulevard
Tampa, FL 33619** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIRCKS, THOMAS C
535 MADISON AVENUE
NEW YORK, NY 10022** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAGAN, A. LAWRENCE
535 MADISON AVENUE
NEW YORK, NY 10022** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Kevin Pawlowski

Kevin Pawlowski, P/COO

3/26/2004

(813) 621-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #