

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004627

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: MP TOTALCARE SUPPLY, INC.

**Current Principal Place of Business:**

6530 WEST CAMPUS OVAL  
NEW ALBANY, OH 43054

**New Principal Place of Business:**

**Current Mailing Address:**

615 SOUTH WARE BOULEVARD  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number: 31-1412983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: DEUTSCH, HOWARD  
Address: 19 TANGLEWOOD DRIVE  
City-St-Zip: TITUSVILLE, NJ 08560

Title: DPCO ( ) Delete  
Name: PAWLOWSKI, KEVIN  
Address: 615 S. WARE BOULEVARD  
City-St-Zip: TAMPA, FL 33619

Title: DCFO ( ) Delete  
Name: DRABIK, RONALD  
Address: 615 S WARE BLVD  
City-St-Zip: TAMPA, FL 33619

Title: S (X) Delete  
Name: RUBIN, STEPHEN W  
Address: 1585 BROADWAY, 22ND FLOOR  
City-St-Zip: NEW YORK, NY 10036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DCEO (X) Change ( ) Addition  
Name: CAPPER, JOSEPH  
Address: 14255 49TH STREET NORTH, SUITE 301  
City-St-Zip: CLEARWATER, FL 33762

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD DRABIK

CFO

01/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date