

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000306

Entity Name: MP TOTALCARE MEDICAL, INC.

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

2105 NEWPOINT PLACE  
SUITE 600  
LAWRENCEVILLE, GA 30043 US

## New Principal Place of Business:

## New Mailing Address:

14255 49TH STREET NORTH  
SUITE 301  
CLEARWATER, FL 33762 US

## Current Mailing Address:

615 SOUTH WARE BLVD.  
TAMPA, FL 33619 US

FEI Number: 58-1967392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: DC ( ) Delete  
Name: DEUTSCH, HOWARD R  
Address: 615 S. WARE BLVD.  
City-St-Zip: TAMPA, FL 33619

Title: DCEO ( ) Delete  
Name: CAPPER, JOSEPH  
Address: 14255 49TH STREET NORTH, SUITE 301  
City-St-Zip: CLEARWATER, FL 33742

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSEPH H. CAPPER

DCEO

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date