2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 01, 2008
Secretary of State

DOCUMENT# F94000000306

Entity Name: MP TOTALCARE MEDICAL, INC.

Current Principal Place of Business:

2105 NEWPOINT PLACE
SUITE 600
LAWRENCEVILLE, GA 30043 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

T. COLE PETERSON
14255 49TH NORTH
SUITE 301
CLEARWATER, FL 33762 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

OFFICERS AND DIRECTORS:

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

Title: STD ( ) Delete
Name: SAFT, STEPHEN
Address: 14255 49TH STREET NORTH, SUITE 301
City-St-Zip: CLEARWATER, FL 33762

Title: AS ( ) Delete
Name: PETERSON, T.COLE
Address: 14255 49TH ST N STE 301
City-St-Zip: CLEARWATER, FL 33762

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MICLOT, JOHN L
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:

Title: VP ( ) Change (X) Addition
Name: GELDART, MICHAEL D
Address: 14255 49TH ST N STE 301
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify 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: T. COLE PETERSON AS 12/01/2008

Electronic Signature of Signing Officer or Director Date