

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

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Feb 09 1998 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H12542 (7)
1. Corporation Name
MED PLACE, INC.

Principal Place of Business Mailing Address
4915 W KENNEDY, W SHORE PLAZA 4915 W KENNEDY, W SHORE PLAZA
TAMPA FL 33609 TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 209 South 12th St	26 209 South 12th St		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite C	27 Suite C		
City & State	City & State		
23 Tampa FL	28 Tampa FL		
Zip	Zip		
24 33602	29 33602		
Country	Country		
25	30		

3. Date Incorporated or Qualified	
07/17/1984	
4. FEI Number	Applied For
59-2434026	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARKHAM, KIM H 4915 W KENNEDY, W SHORE PLAZA TAMPA FL 33609		81 Name RICHARD D. MARKHAM	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		209 South 12th Street # C	
		83	
		84 City	
		FL 85 Zip Code	
		33602	

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* 1/31/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKHAM, RICHARD D	1.2 NAME	
STREET ADDRESS	4915 W KENNEDY	1.3 STREET ADDRESS	209 South 12th Street # C
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *[Signature]* 1/31/98 813 2230882

CR2E034 (10/97)