FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J47031** **(6)**

1. Corporation Name

MEDICAL MOVERS, INC.

Principal Place of Business	Mailing Address
624 N. FOX AVENUE 9310 BEATRICE DR PANAMA CITY FL 32404 US	624 N. FOX AVENUE 9310 BEATRICE DR PANAMA CITY FL 32404 US

3. Date Incorporated or Qualified: **12/15/1986**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **59-2783554** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation is subject for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SHIELDS, WILLIAM
624 N. FOX AVENUE
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. The 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: William A Shields President 3-6-96
Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	SHIELDS, WILLIAM	624 N. FOX AVENUE	PANAMA CITY FL	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	1 NAME	1 STREET ADDRESS	1 CITY-ST-ZIP	☐ Change ☐ Addition
2 TITLE	2 NAME	2 STREET ADDRESS	2 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE	3 NAME	3 STREET ADDRESS	3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE	4 NAME	4 STREET ADDRESS	4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE	5 NAME	5 STREET ADDRESS	5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE	6 NAME	6 STREET ADDRESS	6 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William A Shields William A. Shields 3-6-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)