



**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J87009</b> 1. Entity Name <b>MEDICAL RESEARCH PROPERTIES, INC.</b>				<b>Secretary of State</b>		
Principal Place of Business <b>1301 66TH ST N SAINT PETERSBURG, FL 33710 US</b>		Mailing Address <b>P.O. BOX 40888 ST PETERSBURG, FL 33743 US</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
				01042005 No Chg-P CR2E034 (10/03)		
				4. FEI Number <b>74-2472339</b> Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301</b>				<b>DO NOT WRITE IN THIS SPACE</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U000000173585 01/07/05-80024-019 150.00				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MAY, MICHAEL 1301 66TH ST N SAINT PETERSBURG, FL 33710					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS RONALD, RONZ 1301 66TH ST N SAINT PETERSBURG, FL 33710					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1/4/05</b>		Daytime Phone # <b>727-347-1136</b>		