2007 FOR PROFIT CORPORATION

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ANNUAL REPORT					Jan 08, 200 / 08:00					
DOCU	MENT # J87009					2	secreta	ary of S	Stat	
Entity Name MEDICAL RESEARCH PROPERTIES, INC.										
MEDICA	L RESEARCH PROPERTIES,	INC.								
Principal Plac	ce of Business	Mailing Address								
1301 66TH		P.O. BOX 40888								
SAINT PETE	RSBURG, FL 33710 US	ST PETERSBURG, FL 33743	US							
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∯i deliga _{se d}			··· //4/ im			of Status Desired		3.75 Additional e Required		
	6. Name and Address of Current Re	gistered Agent	J 7 3 4		ţr .''	·	5P.			
CORROR	ATION INFORMATION SERVICE	S INC								
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TALLAHASSEE, FL 32301			ega kan di a	,,	IN T	THIS SE	PACE	46	. ,	
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	e named entity submits this statement for the titions of registered agent.	e purpose of changing its register	ed office or re	gistere	d agent, or bot	h, in the State of Fl	orida. I am fan	illiar with, and ac	cept	
SIGNATURE.									ĺ	
SIGNATORIES	Signature, typed or printed name of registered agent and	tille if applicable (NOTE Registere	d Agent signature r	required v	vhen reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.0 Adde	00 May Be d to Fees					
10.	OFFICERS AND DI	RECTORS	1			, , , , , ,	. 3			
TITLE	PTD		***		10 20 003	i estano)057760S	·	. [
NAME Street address	MAY, MICHAEL 1301 66TH ST N					" 1.11 H H H	II P. 7 / H.D		nn	
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CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		.48, 128		2 - 8 - 1 mg - 2			008 150.0	- ,	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 tike empowered.

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•	v	14	_	ıı	JF	۱c.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Rouse A. BIGNING OFFICER OF DIRECTOR

1-4-07

727-347-//20 Daytime Phone #