

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90273 014 ***150.00

DOCUMENT # K55221

1. Entity Name
MEDICAL BUSINESS ENTERPRISES, INC.



Principal Place of Business
**2173 A CENTERVILLE PL
TALLAHASSEE, FL 32308**

Mailing Address
**2173 A CENTERVILLE PL
TALLAHASSEE, FL 32308**

40086656



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2926150

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILSON, JOSEPH J.
2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WARREN, SAMUEL M
STREET ADDRESS	2173 A CENTERVILLE PL
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	WILSON, JOSEPH J
STREET ADDRESS	2173-A CENTERVILLE PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PD
NAME	CONRAD, DANIEL P.
STREET ADDRESS	2173-A CENTERVILLE PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	JACKSON, ATWATER R <i>ATWATER, R. JACKSON</i>
STREET ADDRESS	2173 A CENTERVILLE PL
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	TOTTEN, JAMES A
STREET ADDRESS	2173 A CENTERVILLE PL
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	WILHOIT, CHRISTOPHER A
STREET ADDRESS	2173 A CENTERVILLE PL
CITY-ST-ZIP	TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph J. Wilson **JOSEPH J. WILSON** *4/28/06* **(850)385-0144**