

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 # L65047 (7)

1. Corporation Name

MEDICAL INVESTIGATIVE SPECIALISTS INC.



Principal Place of Business

600 1ST AVE. NORTH  
SUITE 202  
ST. PETERSBURG FL 33701

Mailing Address

600 1ST AVE. NORTH  
SUITE 202  
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified  
04/13/1990

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

21 1000 HAWAII AVE N.E.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 32462  
Suite, Apt. #, etc.

4. FEI Number

59-2993594

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

22 City & State

23 ST Petersburg, FL

24 33703

Country

25 U.S.A.

27 City & State

28 ST Petersburg, FL

Zip

29 33742

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

STOVER, LAURIE  
600 1ST AVE. N.  
STE. #202  
ST. PETE FL 33701

10. Name and Address of New Registered Agent

81 Name

LAURIE STOVER

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

1000 HAWAII AVE N.E.

83

84 City

ST Petersburg

FL

85 Zip Code

33703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

*Laurie Stover*

(Print: Registered Agent Signature only and when non-stamped)

4/23/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
STOVER, LAURIE C.  
600 1ST AVE. N. #202  
ST. PETE FL 33701

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
2000 HAWAII AVE N.E.  
ST Petersburg, FL 33703

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*Laurie Stover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

P13-823-7712

CR2E034 (12/95)