

**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

**FILED**  
**Apr 25 1996 8:00 am**  
Secretary of State

**DOCUMENT # L84760 (2)**  
1. Corporation Name  
**MP TOTALCARE, INC.**



Principal Place of Business  
**5905 HAMPTON OAKS PKW  
SUITE C  
TAMPA FL 33610**

Mailing Address  
**5905 HAMPTON OAKS PKW  
SUITE C  
TAMPA FL 33610**

3. Date Incorporated or Qualified **07/01/1990** 3a. Date of Last Report **09/29/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-3018364** Applied For  
Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIBSON, JAMES D  
5905 HAMPTON OAKS PARKWAY  
SUITE C  
TAMPA FL 33610**

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 607.1508, 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

Signature, typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKEL, JACOB, J</b>	
STREET ADDRESS	<b>5905 HAMPTON OAKS PKWY, STE C</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCANLAN, JOSEPH S</b>	
STREET ADDRESS	<b>5905 HAMPTON OAKS PKWY, STE C</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>PEPE, PATRICK J</b>	
STREET ADDRESS	<b>5905 HAMPTON OAKS PKWY., SUITE C</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PAKLOWSKI, KEVIN</b>	
STREET ADDRESS	<b>5905 HAMPTON OAKS PKWY, STE C</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, JIM</b>	
STREET ADDRESS	<b>5905 HAMPTON OAKS PKWY, STE C</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PAKLOWSKI, KEVIN</b>
4.3 STREET ADDRESS	<b>5905 HAMPTON OAKS PKWY, STE C</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33610</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GIBSON, JIM</b>
5.3 STREET ADDRESS	<b>5905 HAMPTON OAKS PKWY, STE C</b>
5.4 CITY-ST-ZIP	<b>TAMPA, FL 33610</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James D. Beckel*

1/29/96

(813) 621-4800

Designated Phone #

CR2E034 (12/95)