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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33610-9570

3. Date Incorporated or Qualified 07/01/1990
3a. Date of Last Report 04/25/1996

4. FEI Number 59-3018364
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

2. Principal Place of Business

21 615th WARE BOULEVARD
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1072
Suite, Apt. #, etc.

City & State

23 TAMPA, FLORIDA

Zip Country

24 33619-4443 25

City & State

28 MANASSAS, FLORIDA

Zip Country

29 33550-1072 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name PETER J. KELLY
82 Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD.
83 SUITE 1400
84 City TAMPA FL 85 Zip Code 33602

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 of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	BECKEL, JACOB, J	
STREET ADDRESS	5905 HAMPTON OAKS PKWY, STE C	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE	PD	☒ DELETE
NAME	SCANLAN, JOSEPH S	
STREET ADDRESS	5905 HAMPTON OAKS PKWY, STE C	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE	VP	☒ DELETE
NAME	PEPE, PATRICK J	
STREET ADDRESS	5905 HAMPTON OAKS PKWY, SUITE C	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE	T	☐ DELETE
NAME	PAWLOWSKI, KEVIN	
STREET ADDRESS	5905 HAMPTON OAKS PKWY, STE C	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	☒ DELETE
NAME	GIBSON, JIM	
STREET ADDRESS	5905 HAMPTON OAKS PKWY, STE C	
CITY - ST - ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	615 th WARE BOULEVARD
1.4 CITY - ST - ZIP	TAMPA, FL 33619-4443
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	MONTE SHARP
2.3 STREET ADDRESS	615 SOUTH WARE BOULEVARD
2.4 CITY - ST - ZIP	TAMPA, FL 33619-4443
3.1 TITLE	Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	T/P
4.3 STREET ADDRESS	615 th WARE BOULEVARD
4.4 CITY - ST - ZIP	TAMPA, FL 33619-4443
5.1 TITLE	Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	JOHN J. RICCARDI
6.3 STREET ADDRESS	615 SOUTH WARE BOULEVARD
6.4 CITY - ST - ZIP	TAMPA, FL 33619-4443

14. I do 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 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

Date

Daytime Phone #

CR2E034 (9/96)