

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L84760 (2)**

1. Corporation Name  
**MP TOTALCARE, INC.**



Principal Place of Business <b>615 S BLVD                  TAMPA FL 33619-4443                  US</b>	Mailing Address <b>P.O BOX 1072                  MANGO FL 33550-1072                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 615 S. WARE BLVD</b> Suite, Apt. #, etc. <b>22 TAMPA, FL</b> City & State <b>23 33619</b> Zip <b>24 USA</b> Country	2a. Mailing Address <b>26 P.O BOX 1072</b> Suite, Apt. #, etc. <b>27 MANGO, FL</b> City & State <b>28 33550</b> Zip <b>29 USA</b> Country
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3. Date Incorporated or Qualified <b>07/01/1990</b>	4. FEI Number <b>59-3018364</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**KELLY, PETER J**  
**501 E KENNEDY BLVD**  
**SUITE 1400**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>STD</b>	NAME <b>BECKEL, JACOB, J</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>615 S WARE BLVD</b>	CITY-ST-ZIP <b>TAMPA FL</b>	1.2 NAME	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>D</b>	NAME <b>SHARP, MONTE</b>	1.4 CITY-ST-ZIP	
STREET ADDRESS <b>615 S WARE BLVD</b>	CITY-ST-ZIP <b>TAMPA FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE <b>VP</b>	NAME <b>RICCARDI, JOHN J</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>615 S WARE BLVD</b>	CITY-ST-ZIP <b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TP</b>	NAME <b>PAWLOWSKI, KEVIN</b>	3.2 NAME	
STREET ADDRESS <b>615 S WARE BLVD</b>	CITY-ST-ZIP <b>TAMPA FL</b>	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I 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]* **4/13/98** **813-621-4800**

CR2E034 (10/97)