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

PROFIT

Apr 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State annual report Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L84760 (2) MP TOTALCARE, INC. Principal Place of Business Mailing Address 615 S BLVD P.O BOX 1072 MANGO FL 33550-1072 TAMPA FL 33619-4443 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1990 Applied For 2. Principal Place of Business 2a. Mailing Address 615 S. WARE BLUD 59-3018364 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing TAMPA, FL 23 Trust Fund Contribution Added to Fees Country $Z_{(i)}$ Country 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. Yes 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KELLY, PETER J 501 E KENNEDY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1400** в3 TAMPA FL 33602 84 City Zip Code apt to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its 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 a manufacture accept the appointment as registered a manufacture accept the physicians of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision SIGNATU d when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1 1 TITLE BECKEL, JACOB, J 1.2 NAME 615 S WARE BLVD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-\$1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TIFLE 2.1 TITLE SHARP, MONTE NAM 2.2 NAME 615 S WARE BLVD STHEET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Addition 3 1 TITLE TITLE RICCARDI, JOHN J NAME 3.2 NAME 615 S WARE BLVD 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-S1-ZIP 3.4 CITY-ST-ZIP 🔲 DELFTE Change ___ Addition TITLE 4.1 TITLE PAWLOWSKI, KEVIN NAME 4 2 NAME 615 S WARE BLVD STREET ADDRESS 4 3 STREET ADDRESS TAMPA FL 44 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CRY-ST-ZIP 5.4 CITY - ST- ZIP Change DE LETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 14. I hereby certify that the information supplied with this filling 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 each; 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

SIGNATURE:

4/13/98

813-621-480

FILED