

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90142 033 ***150.00

DOCUMENT # L84760	
1. Entity Name MP TOTALCARE, INC.	

Principal Place of Business 615 S WARE BLVD. TAMPA, FL 33619 US	Mailing Address 615 S WARE BLVD. TAMPA, FL 33619 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPCO PAWLOWSKI, KEVIN F 615 S. WARE BLVD TAMPA, FL 33619 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GATES, JAY 535 MADISON AVE NEW YORK, NY 10022 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUBIN, STEPHEN 1585 BROADWAY NEW YORK, NY 10036 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAWLAWSKI, KEVIN 615 S WARE BLVD TAMPA, FL 33619 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO DEUTECH, HOWARD R. 615 S WARE BLVD. TAMPA, FL 33619 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'CONNER, MICHAEL 6530 W CAMPUS OVAL NEW ALBANY, OH 43054 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCFO Drabik, Ronald 615 South Ware Blvd. Tampa, FL 33619 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Drabik, CFO **Ronald Drabik, CFO** 2/22/05 **813-621-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #