


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90128 038 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000005605</b>					
1. Corporation Name <b>GLOBAL MEDICAL RELIEF INCORPORATED</b>					
Principal Place of Business 6850 LIVING WATER PLACE TAMPA FL 33610			Mailing Address 6850 LIVING WATER PLACE TAMPA FL 33610		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/29/1998 4. FEI Number 59-3562866 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent V. JEAN OWENS, ESQUIRE 811-B CYPRESS VILLAGE BOULEVARD RUSKIN FL 33573				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	CLARK, RONALD H DR.	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME			
STREET ADDRESS		6850 LIVING WATER PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP		TAMPA FL 33610		1.4 CITY-ST-ZIP			
TITLE	VD	GENTRI, JOHN L M.D.	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS		1811 E. CHAPEL TREE CIRCLE		2.3 STREET ADDRESS			
CITY-ST-ZIP		BRANDON FL 33511		2.4 CITY-ST-ZIP			
TITLE	TD	MCCORD, MICHAEL	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS		1907 SADDLELAKE		3.3 STREET ADDRESS			
CITY-ST-ZIP		BRANDON FL 33511		3.4 CITY-ST-ZIP			
TITLE	SD	MYER, MELVIN	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS		3502 HENDERSON BLVD. #300		4.3 STREET ADDRESS			
CITY-ST-ZIP		TAMPA FL 33688		4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Belinda Clark		
STREET ADDRESS				5.3 STREET ADDRESS	6850 Living Water Place		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Tampa, FL 33610		
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-29-99

813.620.4551

Date

Daytime Phone #

CR2E037 (11/98)