

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90435 002 ***158.75

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1. Entity Name

MEV HEALTHCOM, INC.



Principal Place of Business

C/O LAW OFFICES OF JENNIFER L. WHITE
3838 TAMiami TRAIL NORTH, SUITE 310
NAPLES FL 34103

Mailing Address

C/O LAW OFFICES OF JENNIFER L. WHITE
3838 TAMiami TRAIL NORTH, SUITE 310
NAPLES FL 34103



2. Principal Place of Business

6313 Corporate Ct
Suite A
Ft Myers FL

3. Mailing Address

C/O WHITELAW LEGAL GROUP
3838 TAMiami TRAIL, NORTH
SUITE 310
NAPLES, FL

MOORE

CR2E034 (11/03)

City & State

Ft Myers FL

City & State

NAPLES, FL

4. FEI Number

65-1085361

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITELAW, JENNIFER L
3838 TAMiami TRAIL NORTH
SUITE 310
NAPLES FL 34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DIBIASE, ANTHONY M JR
STREET ADDRESS 12800 UNIVERSITY DR STE 350
CITY-ST-ZIP FT MYERS FL 33907-5344

TITLE D ☐ Delete
NAME DIBIASE, DONNA
STREET ADDRESS 12800 UNIVERSITY DR STE 350
CITY-ST-ZIP FT MYERS FL 33907-5344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Anthony M DiBiase, Jr ☒ Change ☐ Addition
NAME 6313 Corporate Ct Ste A
STREET ADDRESS Ft Myers, FL 33919
CITY-ST-ZIP

TITLE Donna DiBiase ☒ Change ☐ Addition
NAME 6313 Corporate Ct, Ste A
STREET ADDRESS Ft. Myers, FL 33919
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna DiBiase 2/24/04 239-437-5556