2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000063437

1. Entity Name
MEDPROS, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90254 021 ***150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE WATSON, VERDA M STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 P. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 LITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition Change Addition			t				1					
2. Method Process 2. Method Applies of Business 3. Method Applies of Business 3. Method Applies of Country 4. FEI Number 59-3727618 Applies for Applies of Country 5. Centificate of Status Desired	356 15TH AVE.	NE	356 15TH AVE. NE							***		
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Zip Country Zip Country State Sp-3727818 Not Applicable Sa. Cerificate of States Desired Sa. 75 Applicable Sa. 75 Ap	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name Name Name Name Name Sized Address of New Registered Agent -7. Name and Address of New Registered Agent Sized Address of New Registered Agent City FL Zip Code Date Signature, hyperd or proved name at registered agent, or both, in the State of Florida. I am familiar with, and accept the disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the disce or registered agent, or both, in the State of Florida Date of Florida Date of Florida Date of Florida Date of	City & State)	City & State				4. F	4: 12: Namber 50-2797619				
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46. The selection postific that the information expedied with this tilling does not duality for the exemption stated in Section 113.07(3)(1), Florida States in the Country that the information		postification that when the	ermation eventied w	ith this filing	does not qualify t		I .	d in Section	119.07(3)(i), Florida Statu	utes. I further cer	tify that the i	information

2. 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 OF DIRECTOR

3/17/03 727-895-2921 Dayline Phone # CR2E034 (10/02