


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91211 047 \*\*\*150.00

<b>DOCUMENT # P01000090820</b> 1. Entity Name <b>MEDICAL TRUST MANAGEMENT, INC.</b>					
Principal Place of Business <b>542 BAY AVE. CLEARWATER, FL 33756</b>			Mailing Address <b>542 BAY AVE. CLEARWATER, FL 33756</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>JENNINGS, THOMAS C III 703 COURT STREET CLEARWATER, FL 33756</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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 _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOVAN, JAN T 542 BAY AVE. CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <i>Jan T Govan</i> <b>April 30 04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**66428027**



01102004 Chg-P CR2E034 (10/03)

Attachment

161428027  
#P01000090820

Form <b>SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN  OMB No. 1545-0003						
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Medical Trust Management Inc</b>									
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name							
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>542 Bay Avenue</b>		5a Street address (if different) (Do not enter a P.O. box.)							
	4b City, state, and ZIP code <b>Clearwater</b>		5b City, state, and ZIP code							
	6 County and state where principal business is located <b>Pinellas, Florida</b>									
	7a Name of principal officer, general partner, grantor, owner, or trustee <b>Jan T Govan</b>		7b SSN, ITIN, or EIN <b>362-54-4768</b>							
	8a Type of entity (check only one box)									
	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>2553</b> <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____									
	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____									
	8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>		Foreign country							
9 Reason for applying (check only one box)										
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ <b>Required to show it on state of Florida document</b>										
10 Date business started or acquired (month, day, year) <b>Sept 13 2001</b>		11 Closing month of accounting year <b>December</b>								
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>N/A</b>										
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶										
<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>					Agricultural	Household	Other	0	0	0
Agricultural	Household	Other								
0	0	0								
14 Check one box that best describes the principal activity of your business.										
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>Discount medical</b>										
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>Discount medical negotiations</b>										
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.										
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <b>JanT Govan</b> Trade name ▶ <b>Govan Law Group P.A.</b>										
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) <b>Sept 17, 1998</b> City and state where filed <b>St Petersburg FL</b> Previous EIN <b>593548636</b>										
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.									
	Designee's name <b>Jan Govan</b>		Designee's telephone number (include area code) <b>(727) 298-1101</b>							
	Address and ZIP code <b>542 Bay Avenue Clearwater FL</b>		Designee's fax number (include area code) ( )							
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.										
Name and title (type or print clearly) ▶ <b>JanT Govan President</b>										
Signature ▶ <b>Jan T Govan</b>		Date ▶ <b>June 10, 07</b>								
Applicant's telephone number (include area code) <b>(727) 298-1101</b>										
Applicant's fax number (include area code) ( )										

Attachment 60428027  
#PD1000090820

Form **2553**

(Rev. December 2002)

Department of the Treasury  
Internal Revenue Service

# **Election by a Small Business Corporation**

(Under section 1362 of the Internal Revenue Code)

▶ See Parts II and III on back and the separate instructions.

▶ The corporation may either send or fax this form to the IRS. See page 2 of the instructions.

OMB No. 1545-0146

- Notes:**
1. Do not file Form 1120S, U.S. Income Tax Return for an S Corporation, for any tax year before the year the election takes effect.
  2. This election to be an S corporation can be accepted only if all the tests are met under **Who May Elect** on page 1 of the instructions; all shareholders have signed the consent statement; and the exact name and address of the corporation and other required form information are provided.
  3. If the corporation was in existence before the effective date of this election, see **Taxes an S Corporation May Owe** on page 1 of the instructions.

## **Part I Election Information**

Please Type or Print	Name of corporation (see instructions) <b>Medical Trust Management Inc</b>	A Employer identification number <b>Applied for</b>
	Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>542 Bay Avenue</b>	B Date incorporated <b>Sept 13 2001</b>
	City or town, state, and ZIP code <b>Clearwater FL 33756</b>	C State of incorporation <b>Florida</b>

D Check the applicable box(es) if the corporation, after applying for the EIN shown in A above, changed its name ☐ or address ☐

E Election is to be effective for tax year beginning (month, day, year) **▶ 01/01/04**

F Name and title of officer or legal representative who the IRS may call for more information  
**Jan Goran**

G Telephone number of officer or legal representative  
**(727) 298-1101**

H If this election takes effect for the first tax year the corporation exists, enter month, day, and year of the **earliest** of the following: (1) date the corporation first had shareholders, (2) date the corporation first had assets, or (3) date the corporation began doing business **▶ 9/13/01**

I Selected tax year: Annual return will be filed for tax year ending (month and day) **▶ 12-30-04**

If the tax year ends on any date other than December 31, except for a 52-53-week tax year ending with reference to the month of December, you **must** complete Part II on the back. If the date you enter is the ending date of a 52-53-week tax year, write "52-53-week year" to the right of the date.

J Name and address of each shareholder; shareholder's spouse having a community property interest in the corporation's stock; and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder in determining the number of shareholders without regard to the manner in which the stock is owned.)	K Shareholders' Consent Statement Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an S corporation under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. We understand our consent is binding and may not be withdrawn after the corporation has made a valid election. (Shareholders sign and date below.)		L Stock owned		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
	Signature	Date	Number of shares	Dates acquired		
<b>Jan Goran 542 Bay Avenue Clearwater FL 33756</b>	<i>Jan T Goran</i>	<b>6-10-04</b>	<b>100%</b>	<b>9-13-01</b>	<b>362-54-4768</b>	<b>12/04</b>

Under penalties of perjury, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer ▶ *Jan T Goran* Title ▶ *President* Date ▶ **6-10-04**

For Paperwork Reduction Act Notice, see page 4 of the instructions.

Cat. No. 18629R

Form **2553** (Rev. 12-2002)

Attachment

66428027  
#PD1000090820**Part II Selection of Fiscal Tax Year** (All corporations using this part must complete item O and item P, Q, or R.)**O** Check the applicable box to indicate whether the corporation is:

1. ☐ A new corporation adopting the tax year entered in item I, Part I.
2. ☒ An existing corporation retaining the tax year entered in item I, Part I.
3. ☐ An existing corporation changing to the tax year entered in item I, Part I.

**P** Complete item P if the corporation is using the automatic approval provisions of Rev. Proc. 2002-38, 2002-22 I.R.B. 1037, to request (1) a natural business year (as defined in section 5.05 of Rev. Proc. 2002-38) or (2) a year that satisfies the ownership tax year test (as defined in section 5.06 of Rev. Proc. 2002-38). Check the applicable box below to indicate the representation statement the corporation is making.

1. Natural Business Year ☐ I represent that the corporation is adopting, retaining, or changing to a tax year that qualifies as its natural business year as defined in section 5.05 of Rev. Proc. 2002-38 and has attached a statement verifying that it satisfies the 25% gross receipts test (see instructions for content of statement). I also represent that the corporation is not precluded by section 4.02 of Rev. Proc. 2002-38 from obtaining automatic approval of such adoption, retention, or change in tax year.

2. Ownership Tax Year ☐ I represent that shareholders (as described in section 5.06 of Rev. Proc. 2002-38) holding more than half of the shares of the stock (as of the first day of the tax year to which the request relates) of the corporation have the same tax year or are concurrently changing to the tax year that the corporation adopts, retains, or changes to per item I, Part I, and that such tax year satisfies the requirement of section 4.01(3) of Rev. Proc. 2002-38. I also represent that the corporation is not precluded by section 4.02 of Rev. Proc. 2002-38 from obtaining automatic approval of such adoption, retention, or change in tax year.

**Note:** If you do not use item P and the corporation wants a fiscal tax year, complete either item Q or R below. Item Q is used to request a fiscal tax year based on a business purpose and to make a back-up section 444 election. Item R is used to make a regular section 444 election.

**Q** Business Purpose—To request a fiscal tax year based on a business purpose, you must check box Q1. See instructions for details including payment of a user fee. You may also check box Q2 and/or box Q3.

1. Check here ☐ if the fiscal year entered in item I, Part I, is requested under the prior approval provisions of Rev. Proc. 2002-39, 2002-22 I.R.B. 1046. Attach to Form 2553 a statement describing the relevant facts and circumstances and, if applicable, the gross receipts from sales and services necessary to establish a business purpose. See the instructions for details regarding the gross receipts from sales and services. If the IRS proposes to disapprove the requested fiscal year, do you want a conference with the IRS National Office?

☐ Yes ☐ No

2. Check here ☐ to show that the corporation intends to make a back-up section 444 election in the event the corporation's business purpose request is not approved by the IRS. (See instructions for more information.)

3. Check here ☐ to show that the corporation agrees to adopt or change to a tax year ending December 31 if necessary for the IRS to accept this election for S corporation status in the event (1) the corporation's business purpose request is not approved and the corporation makes a back-up section 444 election, but is ultimately not qualified to make a section 444 election, or (2) the corporation's business purpose request is not approved and the corporation did not make a back-up section 444 election.

**R** Section 444 Election—To make a section 444 election, you must check box R1 and you may also check box R2.

1. Check here ☐ to show the corporation will make, if qualified, a section 444 election to have the fiscal tax year shown in item I, Part I. To make the election, you must complete Form 8716, Election To Have a Tax Year Other Than a Required Tax Year, and either attach it to Form 2553 or file it separately.

2. Check here ☐ to show that the corporation agrees to adopt or change to a tax year ending December 31 if necessary for the IRS to accept this election for S corporation status in the event the corporation is ultimately not qualified to make a section 444 election.

**Part III Qualified Subchapter S Trust (QSST) Election Under Section 1361(d)(2)\***

Income beneficiary's name and address  Jan T Govan	Social security number  362 54 4768
Trust's name and address	Employer identification number

Date on which stock of the corporation was transferred to the trust (month, day, year) . . . . . / /

In order for the trust named above to be a QSST and thus a qualifying shareholder of the S corporation for which this Form 2553 is filed, I hereby make the election under section 1361(d)(2). Under penalties of perjury, I certify that the trust meets the definitional requirements of section 1361(d)(3) and that all other information provided in Part III is true, correct, and complete.

Signature of income beneficiary or signature and title of legal representative or other qualified person making the election Jan T Govan Date 6-10-04

\*Use Part III to make the QSST election only if stock of the corporation has been transferred to the trust on or before the date on which the corporation makes its election to be an S corporation. The QSST election must be made and filed separately if stock of the corporation is transferred to the trust after the date on which the corporation makes the S election.

