


FILED
Apr 24, 2003 8:00 am
Secretary of State

03-26-2003 90150 024 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P010000 90820 1. Entity Name Medical Trust Management, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 542 Bay Ave. Suite, Apt. #, etc.		3. Mailing Address 542 Bay Ave. Suite, Apt. #, etc.	
City & State Clearwater FL		City & State Clearwater, FL	
Zip 33756		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Thomas C. Jennings III			
Street Address (P.O. Box Number is Not Acceptable) 703 Court St.			
City Clearwater FL Zip Code 33756			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE President NAME Jan T. Govan STREET ADDRESS 542 Bay Ave. CITY-ST-ZIP Clearwater, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: Jan T. Govan		3/24/03 (727) 298-1101	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E0348 (12/02)