2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # P02000000910** FLORIDA MIDCAL INC. Principal Place of Business Mailing Address 211 81ST AVE. N. 211 81ST AVE. N. ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702 No Chg-P 04022008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0498173 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREGG, JERRY E DO NOT WRITE 211 81ST AVE. N. ST. PETERSBURG, FL 33702 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000000883453 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 04/17/08-80004-013 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PRES** TITLE GREGG, JERRY E NAME STREET ADDRESS 211 81ST AVE. N. CITY-ST-ZIP ST. PETERSBURG, FL 33702 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 provide 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 address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED