2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

Multing Accessed Mailing Acc	DOCUMENT # P02000133886 1. Entity Name MOBILE MEDICAL, INC.				Secretary of State	
DO NOT WRITE IN THIS SPACE 4. FLI Number 43-1989855 No Chg-P GRZE034 (10'03) 4. FLI Number 43-1989855 No Chg-P GRZE034 (10'03) 5. Name and Address of Current Registered Agent KAPRAUN, ROBERT L 1622 LEDGESTONE DR BRANDON, FL 33511 DO NOT WRITE IN THIS SPACE 5. 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 farmlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmlar with, and accept the obligations of registered agent. FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 TO GPPOEPS AND DIRECTORS THE NAME SIRET ADDRESS TONE DR WAY APPAUN, ROBERT L THE NAME SIRET ADDRESS TONE DR WAY APPAUN, DARLENE SIRET ADDRESS TONE DR BRANDON, FL 33511 THE INC. DO NOT WRITE IN THIS SPACE THE IN THIS SPACE	1622 LEDGI	ESTONE DR	1622 LEDGESTONE DR		 	
KAPRAUN, ROBERT L 1622 LEDGESTONE DR BRANDON, FL 33511 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 FILE NOWILI FEE IS \$150,00 After May 1, 2005 Fee will be \$550,00 10.	DO NOT WRITE IN THIS SPACE			CE	01082005 No Chg-P CR2E034 (10/03) 4. FEI Number A3-1989885 Applied For Not Applicable 5. Certificate of Status Desired S.75 Additional	
1622 LEDGESTONE DR Sprake, lipid or private proposed 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		6. Name and Address of Current Re	egistered Agent			
The obligations of registered agent. SIGNATURE Septemen, hysiod or printed name of registered agent and five if applicable (HOTE Registered Agent agenture requires when rendatority). Description of the second agent agenture requires when rendatority). THE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campzign Financing Trust Fund Contribution. TITLE LAPRALUN, ROBERT L SREET ADDRESS CITY-ST-2P RAPADON, FE. 33511 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE T	1622 LEDGESTONE DR					
SIGNATURE Signature, typed or private name of ingressed agent and title if applicable (HOTE Registerion Agent agrees) FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAKE SIREET ADDRESS CITY-ST-2P TITLE D KAPRAUN, ROBERT L 1622 LEDGESTONE DR CITY-ST-2P BRANDON, FL 33511 TITLE UNAME SIREET ADDRESS CITY-ST-2P BRANDON, FL 33511 TITLE MAKE SIREET ADDRESS CITY-ST-2P TITLE MAKE MAKE MAKE SIREET ADDRESS	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					
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12. 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

2-16-05

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