

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90288 007 ***150.00

DOCUMENT # P04000063715					
1. Entity Name MEDICEPTS, INC.					
Principal Place of Business 2654 SE WILLOUGHBY BLVD STUART, FL 34994			Mailing Address 2654 SE WILLOUGHBY BLVD STUART, FL 34994		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 20-1034881	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLAND & KNIGHT LLP 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131-3209				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTARSIERO, JOHN <input type="checkbox"/> Delete 2654 SE WILLOUGHBY BLVD STUART, FL 34994		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D SANTARSIERO, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2075 SE ST LUCIE BLVD STUART, FL 34996	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CF47/3 BRESSETTE, NORMAN F <input type="checkbox"/> Change <input type="checkbox"/> Addition 3270 SW ISLAND WAY PALM CITY, FL 34990	
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	
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.					
SIGNATURE: NORMAN BRESSETTE			APRIL 21, 2005 (772) 781-7979		
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR			Date Daytime Phone #		