


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90003 001 ***150.00

DOCUMENT # P04000166352	
1. Entity Name MEDICAL PHYSICS SPECIALISTS, INC.	

Principal Place of Business P.O. BOX 20083 BRADENTON, FL 34204 US	Mailing Address P.O. BOX 20083 BRADENTON, FL 34204 US
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40029950

2. Principal Place of Business No P.O. Box P.O. Box 25532	3. Mailing Address P.O. Box 25532
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02072007 Chg-P CR2E034 (12/06)

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34277	Zip 34277
Country USA	Country USA

4. FEI Number 59-3791510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MITEV, GEORGE PHD. 4643 COUNTRY MANOR DRIVE SARASOTA, FL 34233	
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 George Mitev George Mitev President March 1, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITEV, GEORGE PH.D. P.O. BOX 20083 BRADENTON, FL 34204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: George Mitev George Mitev Ph.D. President March 1, 2007 941 922-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #