
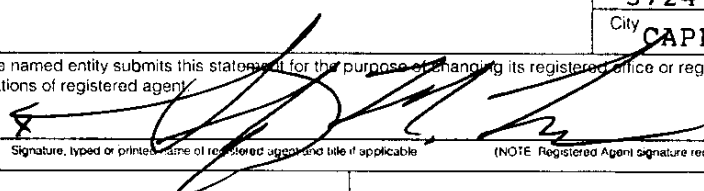
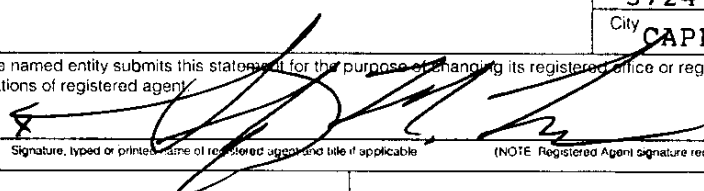
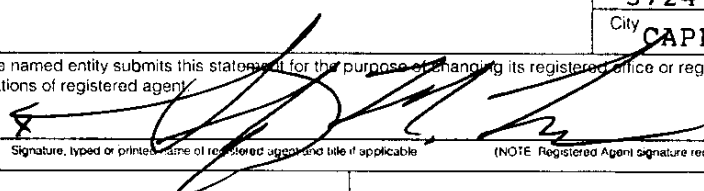
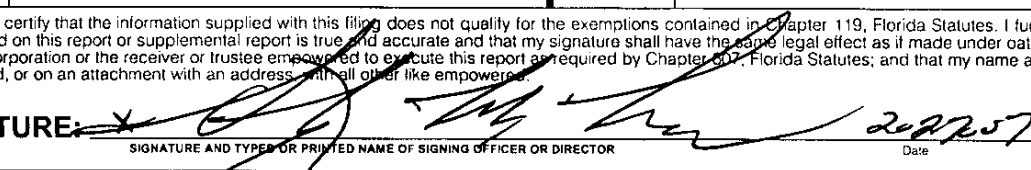


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90019 023 ***150.00

DOCUMENT # P06000055711															
1. Entity Name MP MEDICAL SERVICE, INC															
Principal Place of Business 4527 CORONADO PARKWAY CAPE CORAL, FL 33904 US			Mailing Address 4527 CORONADO PARKWAY CAPE CORAL, FL 33904 US												
2. Principal Place of Business - No P.O. Box # 3724 DEL PRADO BLVD S		3. Mailing Address 3724 DEL PRADO BLVD S													
Suite, Apt. #, etc. #5		Suite, Apt. #, etc. #5													
City & State CAPE CORAL FL		City & State CAPE CORAL FL													
Zip 33904		Zip 33904													
Country		Country													
6. Name and Address of Current Registered Agent LOVELL, STEPHEN M 4527 CORONADO PARKWAY CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name LOVELL STEPHEN M</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">3724 DEL PRADO BLVD #5</td> </tr> <tr> <td style="padding: 2px;">City CAPE CORAL</td> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 33904</td> </tr> </table> </td> </tr> </table>			Name LOVELL STEPHEN M		Street Address (P.O. Box Number is Not Acceptable)		3724 DEL PRADO BLVD #5		City CAPE CORAL	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 33904</td> </tr> </table>	FL	Zip Code 33904
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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. <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </td> <td style="width:20%; vertical-align: bottom; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:40%; vertical-align: bottom;"> DATE 2-27-07 </td> </tr> </table>						SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE 2-27-07							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE 2-27-07													
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													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11												
TITLE	P <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	LOVELL, STEPHEN M		NAME	LOVELL STEPHEN M											
STREET ADDRESS	4527 CORONADO PARKWAY		STREET ADDRESS	3724 DEL PRADO BLVD #5											
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP	CAPE CORAL FL 33904											
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
CITY - ST - ZIP			CITY - ST - ZIP												
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NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
CITY - ST - ZIP			CITY - ST - ZIP												
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:  2-27-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>															