

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-20-2008 90002 020 ***150.00

DOCUMENT # P06000055711

1. Entity Name
MP MEDICAL SERVICE, INC



Principal Place of Business
**3724 DEL PRADO BLVD S
#5
CAPE CORAL, FL 33904 US**

Mailing Address
**3724 DEL PRADO BLVD S
#5
CAPE CORAL, FL 33904 US**

40108760



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06172008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4725336

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOVELL, STEPHEN M
3724 DEL PRADO BLVD #5
CAPE CORAL, FL 33904**

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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LOVELL, STEPHEN M**
STREET ADDRESS **3724 DEL PRADO BLVD #5**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Pres. 6-17-08 239-944-7255