FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029353 (8)

1. Corporation Name

MEDICAL BUILDING RESOURCES, INCORPORATED

400001431764
-03/16/95--01084--003
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2900 NO MILITARY TRL STE 205 BOCA RATON FL 33431. US	2900 NO MILITARY TRL STE 205 BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 04/21/1993
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21: 7200 WESTPORT PLACE
22 Suite, Apt. #, etc.: Suite A
23 City & State: West Palm Beach, FL.
24 Zip: 33413
25 Country: USA

2a. Mailing Address
26: 7200 WESTPORT PLACE
27 Suite, Apt. #, etc.: Suite A
28 City & State: WEST PALM BEACH, FL.
29 Zip: 33413
30 Country: USA

4. FEI Number: 59-3175671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CUPP, CURTIS A~~
~~2900 NO MILITARY TRL~~
~~STE 205~~
~~BOCA RATON FL 33431~~

7200 WESTPORT PLACE
Suite A
WEST PALM BEACH, FL. 33413

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 7200 ~~WEST~~ WESTPORT PLACE
83: Suite A
84 City: West Palm Beach FL 85 Zip Code: 33413

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Curtis A. Cupp, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required on initial filing)
DATE: 2/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	CUPP, CURTIS A	1.2 NAME	
STREET ADDRESS	621 PINE FOREST DR	1.3 STREET ADDRESS	8664 Grassy Isle Trail
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	LAKE Worth, FL. 33467
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3/15

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
2/17/95
DATE
407-688-9233
DAYTIME PHONE #

0200050 CP