## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENTIO STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000025822 (5)

MED PRO ENTERPRISES, INC.

580 BALLOUGH RD DAYTONA BEACH FL 32114

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite Ant #, etc.

26

27

580 BALLOUGH RD DAYTONA BEACH FL 32114



3a. Date of Last Report

06/26/1995

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

65-0488852

04/01/1994

5. Certificate of Status Desired

4. FEI Number

		···		. se riodanos	
Orty & State		City & State		6. Election Campaign Financing Trust Fund Contribution   \$5.00 May Be Added to Fees	
Zip	Country	Zip	Count y	This corporation has liability for intangible tax under s 199.032,	
4	25	29	30	Florida Statutes  Yes No	
	9. Name and Address of Cu			10. Name and Address of New Registered Agent	
			81 Name	TV. Isamo una Address of their neglistered Agent	
DACTO	NOK DAN I				
	RICK, DAN L		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
	BELLEVUE AVE			00 Bg/104gh M	
DAYIU	DNA BEACH FL 32114			•	
			8.1 City	85 Zip Code	
			//	allong Bosch FL 22/14	
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F	ibuz and 607,1508, Florida S Florida: Such change was air	Statutes, the above named controlled by the couperation's to	poration submits this statement for the purpose of changing its registered opposed of directors. I hereby accept the appointment as registered agent. I a	
familiar with	n, and accept the obligations of, S	Section 607.0505, Florida Sta	atutes	operation arectors. Thereby accept the appointment as registered agent. Lai	
IGNATURE _					
5	signature, typed or primed han is of registered a		(NOTE Englishmed Agricht signature re	pired wher recording DATE	
2.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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ME	Pastrick, dan L		1.2 NAME	·	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and do is not qualify for the exemption stated in Section 119.07(3)(k). 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 on an attachment with an address

53 STREE ADDRESS

6.3 STREET ADDRESS

6 4 CITY - 3T-ZIP

5.4 CITY - ST-ZIP

6 1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST-ZIP

TITLE

NAME

DELETE

Dan L. Postrick 4/25/95

☐ Change

Addition