

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 11 - 1 PM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073134 (6)

1. Corporation Name

MEDICAL PLACEMENT, INC.

Principal Place of Business

6516 HARBOUR ROAD
N. LAUDERDALE FL 33068

Mailing Address

6516 HARBOUR ROAD
N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0527185

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

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

2. Principal Place of Business

21 9381 W. Sample Rd.

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Coral Springs, FL.

Zip

24 33065

Country

25 Broward

2a. Mailing Address

26 P.O. Box 771416

Suite, Apt. #, etc.

27

City & State

28 Coral Springs, FL.

Zip

29 33077-1416

Country

30 Broward

9. Name and Address of Current Registered Agent

GOTTSLEBEN, TREVOR
6516 HARBOUR ROAD
N. LAUDERDALE FL 33068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Trevor Gottsleben

REGISTERED AGENT

4-25-95

Signature, typed or printed name of registered agent and title (if applicable)

Signature, typed or printed name of registered agent (required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT-SECRETARY
LINDA GOTTSLEBEN
6516 HARBOUR RD
N. LAUDERDALE FL 33068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P. - TREASURER
TREVOR GOTTSLEBEN
6516 HARBOUR RD.
N. LAUDERDALE FL 33068

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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)(b), 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.

SIGNATURE:

Linda Gottsleben

President

4-25-95

305/973-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER