FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000073134 (6)

MEDICAL PLACEMENT, INC. Principal Place of Business Mailing Address 9381 W SAMPLER RD P.O. BOX 771416 CORAL SPRINGS FL 33077-1416 SUITE 201 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0527185 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zıçı Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name GOTTSLEBEN, TREVOR 6516 HARBOUR ROAD Street Address (P.O. Box Number is Not Acceptable) 82 N. LAUDERDALE FL 33088 83 84 City 85 Zip Code 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 Signature, typed or printed mime of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE GOTTSLEBEN, LINDA 1.2 NAME NAME 6516 HARBOUR RD 1.3 STREET ADDRESS STREET ADDRESS N LAUDERDALE FL CHTY-ST-74P 1.4 CITY-ST-ZIP DELETE 2.1 TOLE Change Addition TITLE GOTTSLEBEN, TREVOR 22 NAME 6516 HARBOUR RD. 2.3 STREET ADDRESS STREET ADDRESS N LAUDERDALE FL City-St-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 51 TITLE NASAF 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S! - ZIP TITLE DELETE 61 TITLE Change Addition 6.2 NAME

14. Thereby certify that the information supplied with this filing 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 on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

4-14-98

FILED

Apr 21 1998 8:00am

Secretary of State