

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

**FILED**  
**Apr 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000003311 (3)**  
 1. Corporation Name  
**MEDICALL, INC.**



Principal Place of Business <b>6950 CENTRAL AVENUE                  SUITE 150                  ST. PETERSBURG FL 33707</b>	Mailing Address <b>6950 CENTRAL AVENUE                  SUITE 150                  ST. PETERSBURG FL 33707</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3350 ULMERTON RD</b> Suite, Apt. #, etc. <b>22 SUITE # 20</b> City & State <b>23 CLEARWATER, FL</b> Zip <b>24 33762</b> Country <b>25 PINELLAS</b>	2a. Mailing Address <b>26 3350 ULMERTON RD</b> Suite, Apt. #, etc. <b>27 SUITE 20</b> City & State <b>28 CLEARWATER, FL</b> Zip <b>29 33762</b> Country <b>30 PINELLAS</b>	3. Date Incorporated or Qualified <b>01/08/1996</b>	4. FEI Number <b>59-3350217</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**CONTINO, RICHARD J**  
**6950 CENTRAL AVENUE**  
**SUITE 150**  
**ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent  
**81 Name RICHARD CONTINO**  
**82 Street Address (P.O. Box Number is Not Acceptable) 3350 ULMERTON RD**  
**83 SUITE # 20**  
**84 City CLEARWATER FL 85 Zip Code 33762**

11. Pursuant to the provisions of Sections 607.0008 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]* **RICHARD J. CONTINO V.P.** **3/30/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CONTINO, RICHARD J</b>	
STREET ADDRESS <b>6950 CENTRAL AVENUE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33707</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CONTINO, JEAN</b>	
STREET ADDRESS <b>6950 CENTRAL AVENUE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33707</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>3350 ULMERTON RD #20</b>	
1.4 CITY-ST-ZIP <b>CLEARWATER, FL 33707</b>	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>3350 ULMERTON RD #20</b>	
2.4 CITY-ST-ZIP <b>CLEARWATER, FL 33707</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 to my address.

SIGNATURE: *[Signature]* **RICHARD J. CONTINO** **3/30/98**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0410185

CR2E034 (10/97)