

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2000 08:00 AM
Secretary of State

DOCUMENT # P96000003311

1. Entity Name
 MEDICALL, INC.

Principal Place of Business 3350 ULMERTON RD SUITE 1 CLEARWATER 33762 US	FL	Mailing Address 3350 ULMERTON RD SUITE 1 CLEARWATER 33762 US	FL
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2. Principal Place of Business 3350 ULMERTON RD	3. Mailing Address 3350 ULMERTON RD
Suite, Apt. #, etc. SUITE 7	Suite, Apt. #, etc. SUITE 7

DO NOT WRITE IN THIS SPACE

City & State CLEARWATER FL	City & State CLEARWATER FL	4. FEI Number 59-3350217	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33762	Country US	Zip 33762	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONTINO RICHARD 3350 ULMERTON RD SUITE 1 CLEARWATER FL 33762		Name CONTINO RICHARD Street Address (P.O. Box Number is Not Acceptable) 3350 ULMERTON RD SUITE 7 City CLEARWATER FL Zip Code 33762	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/13/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONTINO JEAN			NAME	CONTINO JEAN		
STREET ADDRESS	3350 ULMERTON ROAD, SUITE 1			STREET ADDRESS	3350 ULMERTON ROAD, SUITE 7		
CITY-ST-ZIP	CLEARWATER FL 33707			CITY-ST-ZIP	CLEARWATER FL 33762		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONTINO RICHARD J			NAME	CONTINO RICHARD J		
STREET ADDRESS	3350 ULMERTON ROAD, SUITE 1			STREET ADDRESS	3350 ULMERTON ROAD, SUITE 7		
CITY-ST-ZIP	CLEARWATER FL 33707			CITY-ST-ZIP	CLEARWATER FL 33762		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN CONTINO D 04/13/2000