

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # P96000094213 (1)

1. Corporation Name  
MEDICAL EVALUATION CENTERS, INC.



Principal Place of Business  
4332 W WATERS AVE. SUITE 106  
TAMPA FL 33614

Mailing Address  
4332 W WATERS AVE. SUITE 106  
TAMPA FL 33614-8117

3. Date Incorporated or Qualified  
11/08/1996

3a. Date of Last Report

2. Principal Place of Business  
21 222 E. Tarpon Avenue  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 23552  
Suite, Apt. #, etc.

4. FEI Number  
59-3408556

Applied For  
Not Applicable

22 City & State  
23 Tarpon Springs, FL  
Zip Country  
24 34689 25

27 City & State  
28 Tampa, FL  
Zip Country  
29 33623 30

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

JEFFRIES, DAVID M  
220 S FRANKLIN ST  
TAMPA FL FL33602

10. Name and Address of New Registered Agent

81 Name Keith Titus  
82 Street Address (P.O. Box Number is Not Acceptable)  
13006 Prestwick Drive  
83  
84 City Riverview FL 85 Zip Code 33569

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 name of registered agent and title if applicable

Keith Titus, President

04/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P ☐ DELETE  
NAME Titus, Keith  
STREET ADDRESS 13006 Prestwick Drive  
CITY-ST-ZIP Riverview, FL 33569

TITLE DVP/T/S ☐ DELETE  
NAME Wubben, Troy  
STREET ADDRESS 720 Woodmont Drive  
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 with an address.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

CR2E034 (9/96)