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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094213 (1)

MEDICAL EVALUATION CENTERS, INC.

FILED May 14 1998 8:00am Secretary of State



### PO BOX 2352 TAMPA FL 3852 ### PO BOX 2352 TAMPA FL 3852 TAMPA FL 3852 ### PO BOX 2352 TAMPA FL 3852 ### PO BOX 2352 T							# (6)))
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2. Principal Place of Business 2. Making Address 3. Date Incorporated of Dualifica 11/08/1996 4. FEI Number 59-8408556 59-8408566 59							
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11/08/1996							110 0.7102
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City & State City & State City	Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.,					·
22 Tamp		, <u> </u>				5. Certificate of Status Desired	Fee Required
Zip		State City & State					
28 336 / 9							
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 agent. I am femiliar with, and accept the obligations of, Soction 607,0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Soction 607,0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am femiliar with, and accept the obligations of, Soction 607,0505, Florida Statutes. SIGNATURE 12	<u> </u>	. 	· ·	¬		,	
TITUS, KEITH 13008 PRESTWICK DRIVE RIVERVIEW FL 33569 84 City 85 Zirect Address (P.O. Box Number is Not Acceptable) 86 Signal of 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE Signal or principle with and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE 12. OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP TITUS, KEITH 12. NAME TITUS, KEITH 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP TITUS, KEITH 13. STREET ADDRESS CITY-ST-2P RIVERNIEW FL 33569 14. CITY-ST-2P TARPON SPRINGS FL 34689 DELETE 3.1 TITLE DV 5 WUBBENA, TREY TARPON SPRINGS FL 34689 DELETE 3.2 SAME 3.3 SIRET ADDRESS CITY-ST-2P TARPON SPRINGS FL 34689 DELETE 3.1 TITLE DV 5 WAS Change Additionable of the provide special and the composition is board of directors. I hereby accept the appointment as registered and the composition is board of directors. I hereby accept the appointment as registered and the composition is board of directors. I hereby accept the appointment as registered and the composition is board of directors. I hereby accept the appointment as registered and the composition is board of directors. I hereby accept the appointment as registered and the composition is board of directors. I hereby accept the appointment as registered and the composition is board of directors.	24 226 /					<u>, — — — — — — — — — — — — — — — — — — —</u>	
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RIVERNIEW FL 33589 83 84 City FL 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 registere of agent. I am familiar with, and accept this obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature byrind or profed care of tropsteed agent and after all pictotion Title				L.			···
B3 B4 City			,	'	Street	Address (P.O. Box Number is Not Acceptable)	
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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature typend or prefed name of registered agent and take it application.	Tur	TENTIEN 1 E 33309		Ī	13		
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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature typend or prefed name of registered agent and take it application.				Ĺ			
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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and then the state of Florida, Statutes agent. I am flamitar with, and accept the obligations of, Section 607 05045, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE DP OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP ITILE DP ITILE DP ITILE DP ITILE DVTS INVERVIEW FL 33569 INVERVIEW FL 33569 INVERVIEW FL 33569 INVERVIEW FL 33569 INVERVIEW FL 34689 DELETE 21 INIE DV 5 WUBBENA, TREY 720 WOODMONT DRIVE 32 SIREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 33 SIREET ADDRESS CITY-ST-ZIP TITLE DELETE Addition Addition Change Addition Ad				'	14 City	!	FL 85 Zip Code
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TITLE	SIGNATURE	Signature typed or printed name of registered age	ent and title it applicable (NC	TE: Registered	Agent signature	e required when reinstating) DA	TE
TITUS, KEITH 12 NAME 13 STREET ADDRESS 13006 PRESTWICK DRIVE 13 STREET ADDRESS 14 CITY-ST-ZIP TITLE DVTS DELETE 21 TITLE DVS WUBBENA, TREY 22 NAME WUBBENA, TREY 23 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 34 CITY-ST-ZIP TITLE DELETE 34 CITY-ST-ZIP TITLE DELETE 34 CITY-ST-ZIP TITLE DELETE 41 TITLE DELETE 42 NAME Additional content of the co	12.			13.			
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Enterety Letting the intermediation supplied with this filling does not quality 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: