2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000094213

1. Entity Name
MEDICAL EVALUATION CENTERS, INC.

Principal Place of Business	Mailing Address
3801 CORPOREX PARK DRIVE SUITE 110A TAMPA, FL 33619 US	3801 CORPOREX PARK DRIVE SUITE 110A TAMPA, FL 33619 US

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3408556
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TITUS, KEITH
13006 PRESTWICK DRIVE
RIVERVIEW, FL 33569

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000152836
05/04/04-80102-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	TITUS, KEITH
STREET ADDRESS	13006 PRESTWICK DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	DVS
NAME	WUBBENA, TROY
STREET ADDRESS	2965 MAPLE TRACE DR
CITY-ST-ZIP	TARPON SPRINGS, FL 346892644
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Titus 04/30/04 (813)931-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #