


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

APPROVED
AND
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98 JUL 24 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA 70000027397</u> 1. Corporation Name DVL-op Medico, Inc.			
Principal Place of Business 450-B Mandalay Ave Clearwater, FL 33767		Mailing Address 450-B Mandalay Ave Clearwater, FL 33767	
2. Principal Place of Business 21 Suite Apt #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt #, etc 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Carrión, Ramon 28100 us Hwy 19 N Suite 504 Clearwater, FL 33761		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 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 _____ DATE _____ (NOTE: Registered Agent signature required when installing)			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 CITY - ST - ZIP 1.6 CITY - ST - ZIP 1.7 CITY - ST - ZIP 1.8 CITY - ST - ZIP 1.9 CITY - ST - ZIP 1.10 CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY - ST - ZIP 1.15 CITY - ST - ZIP 1.16 CITY - ST - ZIP 1.17 CITY - ST - ZIP 1.18 CITY - ST - ZIP 1.19 CITY - ST - ZIP 1.20 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)(c), 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, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an amendment with an address.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date: <u>July 15, 98</u> Deponent's Name: <u>[Signature]</u>	

CR2E03# (10/97)



Price & Donoghue
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

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July 15, 1998

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

Re: DVL-op Medico, Inc.
SSN: 52-2038203
REF#: P97000027397

Dear Sir or Madam:

I am writing on behalf of the above named taxpayer in regard to the enclosed notice dated June 1, 1998.

Urban Forsberg, the officer of the corporation who needed to sign the report, resides in Sweden. That is why we originally filed the report with a faxed signature.

Though your notice denying the faxed signature was received shortly after its June 1, 1998 date, Mr. Forsberg only returned to the United States two days ago. He promptly signed the original copy of the report for us to forward to your office, but it was too late to meet your 30-day deadline. Considering these extenuating circumstances, please abate the \$400 late fee.

The original annual report and \$150 check are here enclosed. Thank you in advance for your cooperation in this matter.

Sincerely,

Kevin J. Donoghue
Certified Public Accountant

KJD:tj
Enclosure