

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000060138 (9)
 1. Corporation Name
MEDCORP, INC.



Principal Place of Business 3001-OCEAN DRIVE SUITE 200 VERO BEACH FL 32963 <i>P.O. BOX 3787 VERO BEACH, FL 32964</i>	Mailing Address 3001-OCEAN DRIVE SUITE 200 VERO BEACH FL 32963 <i>P.O. BOX 3787 VERO BEACH, FL 32964</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 780 U.S. Hwy One Suite, Apt. #, etc. 22 Suite 201 City & State 23 Vero Beach, FL Zip 24 32962 Country 25 USA	2a. Mailing Address 26 780 U.S. Hwy One Suite, Apt. #, etc. 27 Suite 201 City & State 28 Vero Beach FL Zip 29 32962 Country 30 USA
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3. Date Incorporated or Qualified 07/09/1997	4. FEI Number 65-0777793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
PERKINS, TED H
3001-OCEAN DRIVE SUITE 200 VERO BEACH FL 32963
TED H. DECKINS P.O. BOX 3787 VERO BEACH, FL 32964

10. Name and Address of New Registered Agent
81 Name TED H. PERKINS
82 Street Address (P.O. Box Number is Not Acceptable) 780 US #1 Suite 201
83
84 City VERO BEACH FL 85 Zip Code 32962

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Ted H. Perkins* **PRESIDENT** **4-20-98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	Ted H. Perkins P.S.T.
STREET ADDRESS	780 U.S. Hwy One Suite 201
CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 attached filing with an address.

SIGNATURE: *Ted H. Perkins* **4/21/98** **561-231-3833**

CR2E034 (1097)