

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
--	---	--

DOCUMENT # P97000060138 (9)
1. Corporation Name
MEDCORP, INC.

Principal Place of Business 3001 OCEAN DRIVE SUITE 200 VERO BEACH FL 32963	Mailing Address 3001 OCEAN DRIVE SUITE 200 VERO BEACH FL 32963
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 780 U.S. Hwy One Suite, Apt. #, etc. Suite 201 City & State Vero Beach, FL Zip 32962 Country USA	2a. Mailing Address 26 780 U.S. Hwy One Suite, Apt. #, etc. Suite 201 City & State Vero Beach, FL Zip 32962 Country USA	3. Date Incorporated or Qualified 07/09/1997 4. FEI Number 65-0777793 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. PERKINS 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 U.S. #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 DATE 4-20-98

12. OFFICERS AND DIRECTORS TITLE Ted H. Perkins P.S.T. <input type="checkbox"/> DELETE NAME 780 U.S. Hwy One Suite 201 STREET ADDRESS Vero Beach, FL 32962 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 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 recorder 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: Ted H. Perkins 4/21/98 561-231-3833

CR2E034 (1097)