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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088743

1. Corporation Name

MED FIT REHABILITATION AND WELLNESS PROVIDERS INC

Principal Place of Business	Mailing Address
2147 PINE FOREST DR CLEARWATER FL 33764 US	12670 NEW BRITTANY BLVD SUITE 101 FT MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/97

2. Principal Place of Business 21	2a. Mailing Address c/o GALLAGHER 26 3501 DEL PRADO BLVD	4. FEI Number 59-3473541	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 204	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 CAPE CORAL FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 33904 / 30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERT D. ROYSTON JR. 12670 NEW BRITTANY BLVD SUITE 101 FT MYERS FL 33907	81 Name: JOHN C. GALLAGHER 82 Street Address (P.O. Box Number is Not Acceptable): 3501 DEL PRADO BLVD 83 SUITE 204 84 City: FT MYERS FL 85 Zip Code: 33904

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 _____ JOHN C. GALLAGHER, CPA 4/24/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST ATIS LINKAITIS c/o ROYSTON 12670 NEW BRITTANY BLVD FT MYERS FL 33907 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PDST ATIS LINKAITIS c/o GALLAGHER 3501 DEL PRADO BLVD #204 CAPE CORAL FL 33904 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CINDI C. THOMAS c/o ROYSTON 12670 NEW BRITTANY BLVD FT MYERS FL 33907 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP CINDI C. THOMAS c/o GALLAGHER 3501 DEL PRADO BLVD #204 CAPE CORAL FL 33904 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002517178 -05/08/98--01071--022 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE: _____ ATIS LINKAITIS PRESIDENT 4/24/98 813-535-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)