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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091192 (9)

MEDICAL CONCEPTS, INC.

FILED Mar 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 115 CYRPESS LANE 115 CYRPESS LANE ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1997 2a. Mailing Address 65-0809080 2. Principal Place of Business Applied For 21 115 Cypracs 931 Village BUD Not Applicable Suite, Apt. #, et-Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 905<u>-51</u> 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be West Palm Beach, FL 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VIVODA, MARGARET 115 CYRPESS LANE Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 City 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 Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition VIVODA, MARGARET 12 NAME NAME 115 CYRPESS LANE 1.3 STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL 33411** 1.4 CiTY - ST - ZiP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 THLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZiP CITY-ST-7IP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 ennual 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 13 if changed, or on an attachment with an address

Propidet SIGNATURE:

1/22/98 56,17538883