




FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000051548 1. Entity Name MED LEASE MOBILITY, INC.			
Principal Place of Business 3131 RIVIERA DR. SARASOTA, FL 34232		Mailing Address 3131 RIVIERA DR. SARASOTA, FL 34232	
DO NOT WRITE IN THIS SPACE			
		03032005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0852601	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DOEGE, CHARLES 3131 RIVIERA DR. SARASOTA, FL 34232		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P DOEGE, CHARLES 3131 RIVIERA DR. SARASOTA, FL 34232	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all or like empowered.			
SIGNATURE: 		03/30/05 941-921-7828	