

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 23, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P98000094357**

1. Entity Name  
**MEDICAL PARK VENTURES, INC.**



Principal Place of Business

**132 WHITAKER RD  
STE #A  
LUTZ, FL 33549 US**

Mailing Address

**PMB #261  
734 EAST LAKE RD  
PALM HARBOR, FL 34685 US**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2128760**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COHN, VANESSA N ESQUIRE  
1110 N. FLORIDA AVENUE  
TAMPA, FL 33602**

**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

*[Handwritten Signature]* **3/6/05**

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	REIBER, TYLER D
STREET ADDRESS	PO BOX 272046
CITY-ST-ZIP	TAMPA, FL 33688
TITLE	V
NAME	ABDONEY, MICHAEL O
STREET ADDRESS	1913 S OAKMONT ST
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	T
NAME	VAN BEBBER, GREG
STREET ADDRESS	132 WHITAKER RD- STE A
CITY-ST-ZIP	LUTZ, FL 33549

UD00000326004  
04/23/05-80037-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*  
**TYLER D. REIBER, President**

**3/6/05 (813) 464-8433**