


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90140 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000106145 1. Corporation Name MEDICAL ROUNDS, INC.			
Principal Place of Business 9525 BLIND PASS ROAD #1102 ST. PETE BEACH FL 33706		Mailing Address 9525 BLIND PASS ROAD #1102 ST. PETE BEACH FL 33706	
2. Principal Place of Business 21 9425 Blind Pass Road Suite, Apt. #, etc. 22 #1102 City & State 23 St. Pete Beach, FL Zip Country 24 33706 25 U.S.A.		2a. Mailing Address 26 9425 Blind Pass Road Suite, Apt. #, etc. 27 #1102 City & State 28 St. Pete Beach, FL Zip Country 29 33706 30 U.S.A.	
3. Date Incorporated or Qualified 12/21/1998		4. FEI Number 59-3553279	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent WEBSTER, WILLIAM B JR. 9525 BLIND PASS ROAD #1102 ST. PETE BEACH FL 33706		9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9425 Blind Pass Road, #1102 83 84 City St. Pete Beach FL 85 Zip Code 33706	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE D NAME GEORGIEESKA, KSEMIDA STREET ADDRESS 9525 BLIND PASS ROAD #1102 CITY-ST-ZIP ST. PETE BEACH FL 33706		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 9425 Blind Pass Road, #1102 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE D NAME WEBSTER, TATJANA B STREET ADDRESS 9525 BLIND PASS ROAD #1102 CITY-ST-ZIP ST. PETE BEACH FL 33706		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 9425 Blind Pass Road, #1102 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE D NAME WEBSTER, WILLIAM B JR. STREET ADDRESS 9525 BLIND PASS ROAD #1102 CITY-ST-ZIP ST. PETE BEACH FL 33706		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 9425 Blind Pass Road, #1102 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 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 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, with all other like empowered.

SIGNATURE: _____

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date

 Daytime Phone #

 Daytime Phone #

CR2E034 (11/98)