

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000101008

**Entity Name:** MDM CONSULTANTS, INC.

**Current Principal Place of Business:**

1801 NORTH MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

**FILED**  
**Feb 20, 2014**  
**Secretary of State**  
**CC7192766450**

**Current Mailing Address:**

C/O SHARI TAYLOR & CO. CHARTERED  
138 PALM COAST PKWY, NE, SUITE 155  
PALM COAST, FL 32137-8241

**FEI Number: 36-4177171**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TAYLOR, SHARI  
138 PALM COAST PKWY. NE  
SUITE 155  
PALM COAST, FL 32301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GOLDMAN, ROBERT DR.  
Address 1801 NORTH MILITARY TRAIL, SUITE  
200  
City-State-Zip: BOCA RATON FL 33431

Title VPD  
Name KLATZ, RONALD DR.  
Address 1801 NORTH MILITARY TRAIL, SUITE  
200  
City-State-Zip: BOCA RATON FL 33431

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT GOLDMAN**

**PRESIDENT**

**02/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date