

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 474233

1. Entity Name
MDS, INC.



Principal Place of Business

1837 NW 126 WAY
POMPAÑO BEACH, FL 33071

Mailing Address

1837 NW 126 WAY
POMPAÑO BEACH, FL 33071



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1588849

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORKSON, ELLIOT P
1313 S. ANDREWS AVE.
FORT LAUDERDALE, FL 33316

**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 Michael ERASMOUS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/11/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ERASMOUS, MICHAEL
STREET ADDRESS 1837 NW 126 WAY
CITY-STATE-ZIP POMPAÑO BEACH, FL 33071

TITLE SD
NAME ERASMOUS, WENDY
STREET ADDRESS 1837 NW 126 WAY
CITY-STATE-ZIP CORAL SPRINGS, FL

TITLE TD
NAME FELDHAMMER, JOYCE
STREET ADDRESS 7351 PROMENADE AVE
CITY-STATE-ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000785932
01/17/08-80019-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: Michael Erasmus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael ERASMOUS

Date

1/11/08
Daytime Phone #