

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000002021**

1. Entity Name  
**MD TECHNOLOGIES, INC.**



Principal Place of Business  
**3511 SILVERSIDE RD., STE 105  
WILMINGTON, DE 19810**

Mailing Address  
**620 FLORIDA ST., STE 200  
BATON ROUGE, LA 70801**

**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**72-1491921**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARCOS, RICK  
10031 S.W. 162ND CT.  
MIAMI, FL 33196**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME CONSECO, JOSE S  
STREET ADDRESS 620 FLORIDA ST., STE. 200  
CITY-ST-ZIP BATON ROUGE, LA 70801

TITLE D  
NAME FAZIO, FRANK  
STREET ADDRESS 620 FLORIDA ST., STE 200  
CITY-ST-ZIP BATON ROUGE, LA 70801

TITLE D  
NAME DAVIS, WILLIAM D  
STREET ADDRESS 620 FLORIDA ST., STE 200  
CITY-ST-ZIP BATON ROUGE, LA 70801

TITLE DS  
NAME ELLISON, WILLIAM C  
STREET ADDRESS 620 FLORIDA ST., STE 200  
CITY-ST-ZIP BATON ROUGE, LA 70801

TITLE D  
NAME FRAZER, THOMAS  
STREET ADDRESS 7520 PERKINS ROAD, SUITE 280  
CITY-ST-ZIP BATON ROUGE, LA 70808

TITLE D  
NAME BURNELL, WILLIAM  
STREET ADDRESS 330 CAMP ST.  
CITY-ST-ZIP NEW ORLEANS, LA 70130

1100000404647  
02/07/06-80008-010 150.00

**DO NOT WRITE  
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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1127106  
Date

225-343-7164  
Daytime Phone #