

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90212 042 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-1491921**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	CONSECO, JOSE S	
STREET ADDRESS	620 FLORIDA ST., STE. 200	
CITY-ST-ZIP	BATON ROUGE LA 70801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCOS, RICK S	
STREET ADDRESS	10031 S.W. 162ND CT.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM D	
STREET ADDRESS	620 FLORIDA ST., STE 200	
CITY-ST-ZIP	BATON ROUGE LA 70801	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ELLISON, WILLIAM C	
STREET ADDRESS	620 FLORIDA ST., STE 200	
CITY-ST-ZIP	BATON ROUGE LA 70801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Frazer	
STREET ADDRESS	7520 Perkins Road, Suite 280	
CITY-ST-ZIP	Baton Rouge, La. 70808	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Burnell	
STREET ADDRESS	330 Camp St.	
CITY-ST-ZIP	New Orleans, La. 70130	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Jones	
STREET ADDRESS	P.O. Box 427	
CITY-ST-ZIP	Prichville La. 70769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

WILLIAM C. ELLISON **REQUIRE** **William C. Ellison** **3-24-03** **(504) 524-6597**

CR2E034 (10/02)