

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004190

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: MDI OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

70 HATFIELD LANE  
SUITE 205  
GOSHEN, NY 10924

## New Principal Place of Business:

## Current Mailing Address:

70 HATFIELD LANE  
SUITE 205  
GOSHEN, NY 10924

## New Mailing Address:

FEI Number: 06-1524293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRSCHENBAUM, MR. MARC  
604 MASTERS WAY  
PALM BEACH GARDENS, FL 33418      US

## Name and Address of New Registered Agent:

KIRSCHENBAUM, MARC MR  
604 MASTERS WAY  
PALM BEACH GARDENS, FL 33418      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: MARC KIRSCHENBAUM

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: KIRSCHENBAUM, MARC  
Address: 70 HATFIELD LANE  
City-St-Zip: GOSHEN, NY 10924

Title: P ( ) Delete  
Name: KERR, STACEY S  
Address: 70 HATFIELD LANE  
City-St-Zip: GOSHEN, NY 10924

Title: S ( ) Delete  
Name: MANDELL, JILL  
Address: 70 HATFIELD LANE  
City-St-Zip: GOSHEN, NY 10924

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARC KIRSCHENBAUM

DT

01/16/2009

Electronic Signature of Signing Officer or Director

Date