

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004190

Entity Name: MDI OF SOUTH FLORIDA, INC.

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

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

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

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: MARC KIRSCHENBAUM

PRES

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date