

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 01 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **H43899**

(4)

1. Corporation Name

**M-D SERVICE CENTER, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>1955 SAN REMO PT.<br/>ENGLEWOOD FL 34223</b> | Mailing Address<br><b>1955 SAN REMO PT.<br/>ENGLEWOOD FL 34223-1618</b> |
|--|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>02/21/1985</b>  | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>59-2510707</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional<br/>Fee Required</b>              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be<br/>Added to Fees</b>                 |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b> | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b> |
|---|--|

|  |  |   |
|--|--|---|
| 9. Name and Address of Current Registered Agent<br><b>BLITCH, W.A., III<br/>1955 SAN REMO PT.<br/>ENGLEWOOD FL 33533</b> |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |
|--|--|---|

|  |  |
|--|--|
| 10. Name and Address of New Registered Agent |  |
|--|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PD<br>BLITCH, W.A., III<br>1955 SAN REMO PT.<br>ENGLEWOOD FL | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLITCH, W.A., III  | 1.2 NAME  |   |
| STREET ADDRESS             | 1955 SAN REMO PT.  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ENGLEWOOD FL   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD<br>BLITCH, M.A.<br>1955 SAN REMO PT.<br>ENGLEWOOD FL     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLITCH, M.A.   | 2.2 NAME  |   |
| STREET ADDRESS             | 1955 SAN REMO PT.  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ENGLEWOOD FL   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD<br>BLITCH, WIN<br>1955 SAN REMO PT.<br>ENGLEWOOD FL      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLITCH, WIN  | 3.2 NAME  |   |
| STREET ADDRESS             | 1955 SAN REMO PT.  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ENGLEWOOD FL   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*W.A. Blitch III*

*W.A. Blitch III*

2-27-97 941-475-3831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0422308

CR2E034 (9/96)