

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 17 1997 8:00am  
Secretary of State

DOCUMENT # K09087 (3)

1. Corporation Name  
MEDICAL FACILITIES DEVELOPMENT, INC.

Principal Place of Business

3450 E FLETCHER AVE  
STE 130B  
TAMPA FL 33613  
US

Mailing Address

3450 E FLETCHER AVE  
STE 130B  
TAMPA FL 33613  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1988  
3a. Date of Last Report 01/02/1997

4. FEI Number 59-2862842  
Applied For  
Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 2627 NE 203<sup>rd</sup> ST

Suite, Apt. #, etc.  
22 SUITE 210

City & State  
23 AVENTURA FL

Zip Country  
24 33180 25 USA

2a. Mailing Address  
26 2627 NE 203<sup>rd</sup> ST.

Suite, Apt. #, etc.  
27 SUITE 210

City & State  
28 AVENTURA FL

Zip Country  
29 33180 30 USA

9. Name and Address of Current Registered Agent

LOBEL, DOUGLAS J.  
3450 E FLETCHER AVE  
STE 130B  
TAMPA FL 33513

10. Name and Address of New Registered Agent

81 Name LOBEL DOUGLAS J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2627 NE 203<sup>rd</sup> ST.  
83 SUITE 210  
84 City AVENTURA FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/97

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTC  
LOBEL, DOUGLAS  
3450 E FLETCHER AVE  
TAMPA FL 33613 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
MARKSBERRY, CHUCK  
3450 E FLETCHER AVE  
TAMPA FL 33613 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DTC  
LOBEL DOUGLAS J.  
2627 NE 203<sup>rd</sup> ST. SUITE 210  
AVENTURA FL 33180 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DP  
MARKSBERRY, CHUCK  
1720 W. CLEVELAND ST.  
TAMPA FL 33606-1811 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

CR2E034 (4/97)