

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K77239

Entity Name: M.D. - M.D., INC.

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2974 MANDARIN HOLLOW DR  
ACCOUNTING OFFICE  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24650  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 59-2948541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAFER, MICHAEL L MD  
2974 MANDARIN HOLLOW DR  
JACKSONVILLE, FL 32257 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: PD  
Name: SAFER, MICHAEL L  
Address: 2974 MANDARIN HOLLOW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: SDT  
Name: ACKERMAN, SCOT MD  
Address: 2501 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL

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: MICHAEL L. SAFER

PD

06/16/2010

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

\_\_\_\_\_  
Date