## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2004 8:00 am Secretary of State

DOCUMENT # N0300005255  1. Entity Name MDSG, INC.					03-01-2004 90044 014 ****61.25			
Principal Place of Business 802 11 ST W BRADENTON, FL 34205		Mailing Address 802 11 ST W BRADENTON, FL 34205			9402	2237		
2. Principal Place of Business		3. Mailing Address P.O. BOX 1640			<u> </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192004	Chg-NP C	CR2E037 (10/03)		
City & State		City & State		4. FEI Number	F 40C	— — — — — — — — — — — — — — — — — — —	olied For	
Zip Country		BRADENTON, FL Zip Country		04-367	· ·······	\$9.75 Add:	Applicable	
ZIΩ	Country	34206	USA	5. Certificate of	Status Desired	Fee Required	lionai	
- "	6. Name and Address of Current	Registered Agent	Name	7: Name and Ac	ddress of New Regi	stered Agent	-	
BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11 ST W BRADENTON, FL 34205				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code		
SIGNATURE _	Signature, typed or printed name of registered agent		:: Registered Agent signal	ure required when reinstating)		DATE e check payable to		
Due by May 1, 2004		Trust Fund Contribution.		Added to Fees	dded to Fees Florida Department of State			
10.	OFFICERS AND DI		11.		GES TO OFFICERS	AND DIRECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, DON 802 11 ST W BRADENTON, FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES		□ <b>X</b> Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ROSINSKY, ROBERT 802 11 ST W BRADENTON, FL 34205	☑ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMMONLEY, WILLIAM 802 11 ST W BRADENTON, FL 34205	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,EC/T,REAS		Change )	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANELL, ROBERT 802 11 ST W BRADENTON, FL 34205	IXÌ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b></b>	☐ Change	Addition	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier entargeport is file and accurate any hat my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or custoe employered by execute this people as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2)19/04

941.957.3703

Daytime Phone #