


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004405 1. Entity Name MDS RESEARCH FOUNDATION, INC.	
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Principal Place of Business 3216 SESSIONS ED SUITE 200 TALLAHASSEE, FL 32303	Mailing Address 3216 SESSIONS ED SUITE 200 TALLAHASSEE, FL 32303 US
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3334187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLTON, ROBERT A
 7125 UPLAND GLADE ROAD
 TALLAHASSEE, FL 32312

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTON, ROBERT A 7125 UPLAND GLADE ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRAFFT, MARIE E 7125 UPLAND GLADE ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMIT, MARIE C DEPT. OF CHEMISTRY, F.S.U. TALLAHASSEE, FL 32306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METTS, LEWIS L 161 HIGHLAND AVENUE RIDGWOOD, NJ 07450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEW, SIDNEY L 135 SOUTH MONROE STREET TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDM DEVINE, MICHAEL D 3216 SESSIONS RD, STE. 200 TALLAHASSEE, FL 32303

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 05/02/06-80116-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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 empowered.

SIGNATURE: Marie C. Smit Marie C. Smit 4/7/06 850-538-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #