

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N95000004405

1. Entity Name  
MDS RESEARCH FOUNDATION, INC.



Principal Place of Business  
3216 SESSIONS ED  
SUITE 200  
TALLAHASSEE, FL 32303

Mailing Address  
3216 SESSIONS ED  
SUITE 200  
TALLAHASSEE, FL 32303 US



01032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3334187

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000872459

04/10/08-80040-001 61.25

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marie C. Smit* MARIE C. SMIT

3/27/08

DATE

Daytime Phone #

850-558-0400