


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90055 010 \*\*\*150.00

**DOCUMENT # P01000098516**

1. Entity Name  
**MEDIATION SERVICES OF SOUTHERN FLORIDA, INC.**



Principal Place of Business Mailing Address

~~3277 FRUITVILLE RD -~~ ~~3277 FRUITVILLE RD -~~  
~~BLDG C-1~~ ~~BLDG C-1~~  
**SARASOTA, FL 34237** **SARASOTA, FL 34237**

40017611



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

**2480 FRUITVILLE Rd** **2480 FRUITVILLE Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

**8** **8**

01272008 Chg-P CR2E034 (12/06)

City & State City & State

**SARASOTA, FL** **SARASOTA, FL**

Zip Country Zip Country

**34237** **34237**

4. FEI Number Applied For

**65-1144377** **Not Applicable**

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

6. Name and Address of Current Registered Agent

**TELFORD, LESLIE**  
~~3277 FRUITVILLE RD BLDG C-1~~  
**SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2480 FRUITVILLE Rd Ste 8**

City State Zip Code

**SARASOTA FL 34237**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DTVP	<input type="checkbox"/> Delete
NAME	TELFORD, LESLIE	
STREET ADDRESS	<del>3277 FRUITVILLE RD BLDG C-1</del> <b>2480 FRUITVILLE Rd</b>	
CITY-ST-ZIP	<del>SARASOTA, FL 34237</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KETTRING, GARY H	
STREET ADDRESS	<del>3277 FRUITVILLE RD BLDG C-1</del>	
CITY-ST-ZIP	<del>SARASOTA, FL 34237</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2480 FRUITVILLE Rd Ste 8</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2480 FRUITVILLE Rd Ste 8</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: Leslie Telford, V.P. 1/31/08 941-366-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #