

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010709

Entity Name: MDATA, INC.

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14065 TOWN LOOP BLVD  
SUITE 100  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

14065 TOWN LOOP BLVD  
SUITE 100  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 04-3587906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FISHMAN, MARK  
14065 TOWN LOOP BLVD  
SUITE 100  
ORLANDO, FL 32837 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: DP  
Name: FISHMAN, MARK A PRES  
Address: 14065 TOWN LOOP BLVD, SUITE 100  
City-St-Zip: ORLANDO, FL 32837

Title: DST  
Name: FISHMAN, KATHLEEN A DST  
Address: 14065 TOWN LOOP BLVD, SUITE 100  
City-St-Zip: ORLANDO, FL 32837

Title: D  
Name: ANDREWS, MARK R D  
Address: 14065 TOWN LOOP BLVD, SUITE 100  
City-St-Zip: ORLANDO, FL 32837

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: MARK FISHMAN

DP

04/03/2011

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

\_\_\_\_\_  
Date