

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 005 ***150.00

DOCUMENT # P02000036225

1. Entity Name

MHMC, INC.



Principal Place of Business

4925 PARK RIDGE BLVD
BOYNTON BEACH FL 33426

Mailing Address

4925 PARK RIDGE BLVD
BOYNTON BEACH FL 33426



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0576915

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

BLEAKLEY, DENNIS M
4925 PARK RIDGE BLVD
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

Richard B. Comiter

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

3801 PGA Boulevard

Suite 604

City

Palm Beach Gardens,

FL

Zip Code
33410

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

Richard B. Comiter

(NOTE: Registered Agent signature required when re-registering)

DATE

3/1/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MESHBURG, PHILIP	
STREET ADDRESS	2770 SOUTH OCEAN BLVD	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MESHBURG, JULIA	
STREET ADDRESS	2770 SOUTH OCEAN BLVD	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLEAKLEY, DENNIS M	
STREET ADDRESS	4925 PARK RIDGE BLVD	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
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	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Meshberg, President

Date

Daytime Phone #