

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000063856

Entity Name: MDA FOOD SERVICES, INC.

**FILED**  
**Jun 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

795 EAST JOHN SIMS PARKWAY  
SUITE 1  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

795 EAST JOHN SIMS PARKWAY  
SUITE 1  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 81-0558974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEINSTOCK, AARON N  
795 EAST JOHN SIMS PARKWAY  
SUITE 1  
NICEVILLE, FL 32578 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: P  
Name: WEINSTOCK, AARON N  
Address: 795 EAST JOHN SIMS PARKWAY SUITE 1  
City-St-Zip: NICEVILLE, FL 32578

Title: S  
Name: WEINSTOCK, MICHAEL D  
Address: PO BOX 384  
City-St-Zip: NICEVILLE, FL 32588

Title: T  
Name: WEINSTOCK, DIANA L  
Address: PO BOX 384  
City-St-Zip: NICEVILLE, FL 32588

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: AARON N. WEINSTOCK

P

06/13/2011

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

\_\_\_\_\_  
Date