

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000114197

1. Entity Name
MEDICAL DEFENSE SOLUTIONS, INC.



Principal Place of Business

54 SE 6TH AVE.
DELRAY BEACH, FL 33483

Mailing Address

54 SE 6TH AVE.
DELRAY BEACH, FL 33483

FILED
Jan 16, 2008 08:00 AM
Secretary of State



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3724162

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRACEY, MATTHEW
54 SE 6TH AVE.
DELRAY BEACH, FL 33483

**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 _____

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

U000000785424
01/16/08-80094-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	GRACEY, MATT
STREET ADDRESS	54 SE 6TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VP
NAME	MURPHY, THOMAS
STREET ADDRESS	54 SE SIXTH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

Date

Daytime Phone #