2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004
Secretary of State

DOCUMENT# P03000142311

Entity Name: MEDICAL DEVELOPMENT SERVICES, INC.

Current Principal Place of Business:

23315 GARRISON AVENUE
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

23315 GARRISON AVENUE
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

SMITH, PAUL R
23315 GARRISON AVE.
PT. CHARLOTTE, FL 33954 US

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: PAUL R. SMITH 02/09/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAMS, JEAN
Address: 7192 WHITEMARSH CIRCLE
City-St-Zip: BRADENTON, FL 34202

Title: VSD ( ) Delete
Name: SMITH, PAUL R
Address: 23315 GARRISON AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VTD ( ) Delete
Name: WEATHERLY, DANIEL
Address: 23315 GARRISON AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL R SMITH VSD 02/09/2004
Electronic Signature of Signing Officer or Director Date