


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000144789 1. Entity Name WD LUCKY MD, INC.					
Principal Place of Business 10430 SW 162ND TERR. MIAMI, FL 33157			Mailing Address 10430 SW 162ND TERR. MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3105 TAMBAY AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA, FL		4. FEI Number 20-0487562	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33611		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, CAROL 10430 SW 162ND TERR. MIAMI, FL 33157				7. Name and Address of New Registered Agent Name <u>MONCRIEFF, BRETT</u> Street Address (P.O. Box Number is Not Acceptable) <u>3105 TAMBAY AVE.</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33611</u>	
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 <u>CAROL JOHNSON</u> <u>9.15.08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCKY, WILLIAM D 10430 SW 162ND TERR. MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (D) MONCRIEFF, BRETT 3105 TAMBAY AVE. TAMPA, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CAROL 8210 CLEARY BLVD., #2104 PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CAROL 2665 TREAMOR TERR. WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136271521 09/23/08--01050--007 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>CAROL JOHNSON</u> <u>9.15.08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9.15.08</u> Daytime Phone # <u>954-205-2159</u>			

FILED
08 SEP 22 PM 1:25
TALLAHASSEE, FLORIDA

