

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000013904

1. Entity Name

FLORENCE APARTMENTS INC. *Changed to*
Medical Legal Planners Inc.



FILED

06 MAY -9 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1941 WASHINGTON ST
HOLLYWOOD, FL 33020

Mailing Address

1235 ADAMS ST
HOLLYWOOD, FL 33019

2. Principal Place of Business

1235 Adams St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006

Chg-P

CR2E034 (11/05)

City & State

Hollywood FL

City & State

4. FEI Number

20-4761584

Applied For

Not Applicable

Zip

33019

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFKE, MICHAEL A SR
1235 ADAMS ST
HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 renouncing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME PETER, DACKO
STREET ADDRESS 1311 S 17TH AVE
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE **VP** ☐ Delete
NAME DUFKE, MICHAEL A SR
STREET ADDRESS 1235 ADAMS ST
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE **S** ☐ Delete
NAME DUFKE, SHARON
STREET ADDRESS 1235 ADAMS ST
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE **T** ☒ Delete
NAME PASTERNAK, ELIZABETH A
STREET ADDRESS 1311 S 17TH AVE
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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 #

4/8/06 954-559 3332