

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90061 014 ***150.00

DOCUMENT # P05000013904

1. Entity Name
MEDICAL LEGAL PLANNERS INC.



Principal Place of Business
**1235 ADAMS ST.
HOLLYWOOD, FL 33019**

Mailing Address
**1235 ADAMS ST.
HOLLYWOOD, FL 33019**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

02272007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4761586

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUFEK, 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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4/5/07 **954-559-3332**
Date Daytime Phone #