2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

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Entity Name: M D PRIVATE EQUITY, INC.

Current Principal Place of Business:

1515 N. FEDERAL HIGHWAY
STE 3000, OFFICE #29
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1515 N. FEDERAL HIGHWAY
STE 3000, OFFICE #29
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-4087100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NESBETH, AUTUMN
C/O SIG
1515 N. FEDERAL HWY S-3000, OFFICE #29
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: SULLIVAN, BRIAN
Address: 401 CITY AVENUE, S-220
City-St-Zip: BALA CYNWYD, PA 19004

Title: S ( ) Delete
Name: GREENBERG, JOEL
Address: 401 CITY AVENUE, S-220
City-St-Zip: BALA CYNWYD, PA 19004

Title: D ( ) Delete
Name: DOOLEY, MARK
Address: 401 CITY AVE S 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: SULLIVAN, BRIAN
Address: 401 CITY AVENUE, SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: VP,S (X) Change ( ) Addition
Name: GREENBERG, JOEL
Address: 401 CITY AVENUE, SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: D (X) Change ( ) Addition
Name: DOOLEY, MARK
Address: 401 CITY AVENUE, SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: AS ( ) Change (X) Addition
Name: SILVERBERG, TODD
Address: 401 CITY AVENUE, SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRIAN SULLIVAN T 03/02/2009

Electronic Signature of Signing Officer or Director — Date