

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000029703		
1. Entity Name MEDIATION DYNAMICS OF FLORIDA, INC.		
Principal Place of Business 2000 GLADES ROAD SUITE 110 BOCA RATON, FL 33431	Mailing Address 2000 GLADES ROAD SUITE 110 BOCA RATON, FL 33431	



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1808131	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARLING, HARVEY H
2000 GLADES ROAD
SUITE 110
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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

Harvey H. Harling

(NOTE: Registered Agent signature required when reinstating)

4/16/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000908354
05/06/08-80026-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARLING, HARVEY H 11342 ISLAND LAKES LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GINSBURG, RONNI F 11342 ISLAND LAKES LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULVIO, LEORA 1119 NOE STREET. SAN FRANCISCO, CA 94114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARLING, BRETT P 808 N.W. 39 DRIVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Harvey H. Harling

4/16/08 561544 0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #