## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000058789

Entity Name: MDS DAVIE INC

City-St-Zip:

DAVIE, FL 33328

FILED Mar 20, 2009 Secretary of State

|   | III WIBOBA   | VIE 1140.                      |  |   |  |
|---|--|--------------------------------|--|---|--|
| Current P                                     | rincipal Place   | e of Business:                 | New Principal Place of                   | New Principal Place of Business:          |  |
| 4680 S UN<br>DAVIE, FL                        | NVERSITY DR<br>. 33328                                   |                                |  |   |  |
| Current M                                     | lailing Addres   | ss:                            | New Mailing Address:                     | New Mailing Address:                      |  |
|   | MBROKE RD<br>KE PINES, FL                                | 33025                          |  |   |  |
| FEI Number                                    | : 22-3964203   | FEI Number Applied For (       | ) FEI Number Not Applicable ( )          | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |  |                                | t: Name and Address of N                 | Name and Address of New Registered Agent: |  |
|   | ZQUWZ<br>MBROKE RD<br>KE PINES, FL                       | 33025 US                       |  |   |  |
|   | named entity<br>e of Florida.                            | submits this statement for     | the purpose of changing its registered o | ffice or registered agent, or both,       |  |
| SIGNATU                                       | RE:  |                                |  |   |  |
|   | Electro  | nic Signature of Registered    | d Agent                                  | Date                                      |  |
| Election Car                                  | mpaign Financin  | g Trust Fund Contribution ( ). |  |   |  |
| OFFICER                                       | S AND DIREC  | TORS:                          | ADDITIONS/CHANGES                        | TO OFFICERS AND DIRECTORS:                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>VAZQUEZ, JUA<br>4680 S UNIVEI<br>DAVIE, FL 333   | RSITY DR                       | Title: ( ) Name: Address: City-St-Zip:   | Change ( ) Addition                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VPST (<br>VAZQUEZ, JUA<br>4680 S UNIVEI<br>DAVIE, FL 333 | RSITY DR                       | Title: ( ) Name: Address: City-St-Zip:   | Change ( ) Addition                       |  |
| Title:<br>Name:<br>Address:                   | D (<br>VAZQUEZ, JUA<br>4680 S UNIVEI                     |                                | Title: ( )<br>Name:<br>Address:          | Change ( ) Addition                       |  |

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.

City-St-Zip:

SIGNATURE: JUAN VAZQUEZ PRES 03/20/2009