

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000024958

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** MDS FINANCIAL GROUP, INC.

**Current Principal Place of Business:**

4035 TAMPA RD  
SUITE 6000  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

5910 BENJAMIN CENTER DR  
SUITE 110  
TAMPA, FL 33634 US

**Current Mailing Address:**

PO BOX 1329  
OLDSMAR, FL 34677

**New Mailing Address:**

PO BOX 263066  
TAMPA, FL 33685

**FEI Number:** 26-4655681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHUH, MICHAEL D  
14320 SKY FLOWER LANE  
TAMPA, FL 33626 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:** P  
**Name:** SCHUH, MICHAEL D  
**Address:** 5910 BENJAMIN CENTER DR SUITE 110  
**City-St-Zip:** TAMPA, FL 33634 US

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL SCHUH

P

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date