

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000059207

Entity Name: MD BACK OFFICE INC

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

377 MAITLAND AVENUE, SUITE 2009  
ALTAMONTE SPRINGS, FL 32701

## **New Principal Place of Business:**

1390 HOPE ROAD,  
SUITE 300  
MAITLAND, FL 32751

## **Current Mailing Address:**

377 MAITLAND AVENUE, SUITE 2009  
ALTAMONTE SPRINGS, FL 32701

## **New Mailing Address:**

1390 HOPE ROAD,  
SUITE 300  
MAITLAND, FL 32751

FEI Number: 27-0536643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZAMAN, MOHAMMED B  
377 MAITLAND AVENUE, SUITE 2009  
ALTAMONTE SPRINGS, FL 32701 US

## **Name and Address of New Registered Agent:**

ZAMAN, MOHAMMED B  
1390 HOPE ROAD,  
SUITE 300  
MAITLAND, FL 32751 US

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: MOHAMMED B ZAMAN

08/31/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: ZAMAN, MOHAMMED B  
Address: 1390 HOPE ROAD, SUITE 300  
City-St-Zip: MAITLAND, FL 32751

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: MOHAMMED B ZAMAN

PD

08/31/2010

Electronic Signature of Signing Officer or Director

Date