P10000049199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400188446194

12/6/10
E. DENNARD

7401 Wiles Road, STE #256
Coral Springs, Florida 33067
954-227-6970
954-227-3466

MDS INSURANCE SERVICES, INC.

Fax

To:	Division of Corporations	**From:**	Mark Gordon
Fax:	850-245-6897	**Pages:**	1
Phone:		**Date:**	12/06/2010
Re:	MDS INSURANCE SERVICES	**cc:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Please add my FEIN # 27-2816003 to my profile P10000049199.

Thank you,

Mark Gordon