

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000049199

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** MDS INSURANCE SERVICES, INC

**Current Principal Place of Business:**

7401 WILES RD., STE 255  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

7401 WILES RD., STE 255  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

**FEI Number:** 27-2816003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEILLY, BRADFORD J  
1144 SE 3RD AVE  
FORT LAUDERDALE, FL 33316 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GORDON, MARK S  
Address: 4945 NW 116TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33076 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: MARK GORDON

PRES

04/27/2012

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

\_\_\_\_\_  
Date