

DOCUMENT # P26507

Entity Name

MDIP-I, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90007 024 ***150.00

1. Principal Place of Business
 1209 Orange Street
 Wilmington DE 19810
 US

2. Mailing Address
 1209 Orange Street
 Wilmington DE 19810
 US

3. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
 22-3024886

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

B0084604
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
 1200 S. Pine Island Road
 Plantation FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
1. ☐ Delete PO Surpin, JO ONE MEDIC PLAZA PENNSAUKEN NJ	☐ Change ☒ Addition
2. ☒ Delete SD SCHLOSS EUGENE M. ONE MEDIC PLAZA PENNSAUKEN NJ 08110	☐ Change ☒ Addition
3. ☒ Delete OVC Kaplan, Jay M. ONE MEDIC PLAZA PENNSAUKEN NJ 08110	☐ Change ☐ Addition
4. ☒ Delete AS EINHORN, ALAN S ONE MEDIC PLAZA PENNSAUKEN NJ 08110	☐ Change ☐ Addition
5. ☐ Delete	☐ Change ☐ Addition
6. ☐ Delete	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO Surpin - President

Date

4/18/2000

Daytime Phone #

856 462-3200

CR2ED34 (9/99)