

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000008297 1. Entity Name M D TRACKING SYSTEMS, INC.			
Principal Place of Business 282 NW 104TH AVE CORAL SPRINGS, FL 33071		Mailing Address 282 NW 104TH AVE CORAL SPRINGS, FL 33071	
DO NOT WRITE IN THIS SPACE			
		01072008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0555105	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DORNFORD, MERVYN L 282 NW 104TH AVE CORAL SPRINGS, FL 33071		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000934182 05/23/08-80021-024 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	DORNFORD, MERVYN L		
STREET ADDRESS	282 NW 104TH AVE		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
TITLE	D		
NAME	DORNFORD, FAY A		
STREET ADDRESS	282 NW 104TH AVE		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		X	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	