


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90015 018 ***158.75

DOCUMENT # P95000096017 1. Entity Name MDL, INCORPORATED					
Principal Place of Business 2660 NE 7TH AVENUE POMPAN0 BEACH, FL 33064			Mailing Address 2660 NE 7TH AVENUE POMPAN0 BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRIGOLA, MICHELLE C LIGHTHOUSE POINT PROFESSIONAL CENTER 5340 N FEDERAL HWY SUITE 104 LIGHTHOUSE POINT, FL 33064				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACERTE, MARC D		NAME		
STREET ADDRESS	2660 NE 7TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	POMPAN0 BEACH, FL 33064		CITY-ST-ZIP		
TITLE	DVP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTOPHER, BEAU		NAME		
STREET ADDRESS	2660 NE 7TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	POMPAN0 BEACH, FL 33064		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEWSEY, SHARON L		NAME		
STREET ADDRESS	2660 NE 7TH AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPAN0 BEACH, FL 33064		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, RICHARD		NAME		
STREET ADDRESS	2660 NE 7TH AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPAN0 BEACH, FL 33064		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Richard L. Butler</i>			RICHARD L. BUTLER, CFO		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

54008483



02122004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0627218** Applied For Not Applicable

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