

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90053 024 ***150.00

016689

DOCUMENT # P97000020238

1. Corporation Name

MEDICAL DOCTORS SYSTEMS, INC.

Principal Place of Business

6200 STIRLING ROAD
DAVIE FL 33314

Mailing Address

6200 STIRLING ROAD
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-0758665

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 3101 SW 10th ST.

- Suite, Apt. #, etc.

22

City & State

23 POMPANO BEACH, FL

Zip Country

24 33069 25

2a. Mailing Address

26 3101 SW 10th ST.

Suite, Apt. #, etc.

27

City & State

28 POMPANO BEACH, FL

Zip Country

29 33069 30

9. Name and Address of Current Registered Agent

TISHMAN, WILLIAM
6200 STIRLING ROAD
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2300 DIANA DRIVE #201

83

84 City

HALLANDALE

FL

85 Zip Code

33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME TISHMAN, WILLIAM
STREET ADDRESS 6200 STIRLING ROAD
CITY-ST-ZIP DAVIE FL 33314

TITLE PSTD ☐ DELETE

NAME BOTKNECHT, JONAH DR.
STREET ADDRESS 6200 STIRLING ROAD
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2300 DIANA DRIVE #201

1.4 CITY-ST-ZIP HALLANDALE, FL 33009

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3230 N. 36th STREET

2.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (954) 972-9898
Date Daytime Phone #

CR2E034 (11/98)