

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

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98 JUN -4 PM 3:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000034165
1. Corporation Name

MDL OF SOUTH FLORIDA, INC.

Principal Place of Business: **7080 S.W. 48TH LANE MIAMI, FL. 33155**
Mailing Address: **7080 S.W. 48TH LANE MIAMI FL. 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/17/97

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-0746138	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARD E. LEVINSON, ESQ.
407 LINCOLN ROAD
PENTHOUSE SE
MIAMI BEACH FL 33139**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this statement on behalf of the agent

(Title: Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MICHAEL D.	1.2 NAME	
STREET ADDRESS	7080 S.W. 48TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33155	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	700002557627-6
STREET ADDRESS		2.3 STREET ADDRESS	-06/12/98-01004-017
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is not guilty for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is complete 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 for the term, or terms, or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report in accordance with the address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/98 (305) 668-6227

CR2E034 (10/97)

Handwritten initials/signature