


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90005 008 ***150.00

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| DOCUMENT # P97000034165 | |  | |
| 1. Entity Name MDL OF SOUTH FLORIDA, INC. | | | |
| Principal Place of Business 8375 SW 136TH ST. MIAMI, FL 33156 | | Mailing Address 8375 SW 136TH ST. MIAMI, FL 33156 | |
| 2. Principal Place of Business 7086 SW 48th Lane | | 3. Mailing Address 7076 SW 48th Lane | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami, FL 8 | | City & State Miami, FL | |
| Zip 33155 | Country USA | Zip 33155 | Country USA |
| 6. Name and Address of Current Registered Agent LEVINSON, EDWARD E 407 LINCOLN ROAD PENTHOUSE SE MIAMI BEACH, FL 33139 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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> DATE _____ | | | |
| FILE NOW!!! FEE IS \$500.00 Due by September 8, 2004 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P LEVINE, MICHAEL D 8375 SW 136TH ST. MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Levine, Michael D. 7076 SW 48th Lane Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 5/21/04 786-229-3228 <small>Date Daytime Phone #</small> | |

14023008



03132003 Chg-P CR2E034 (10/03)