

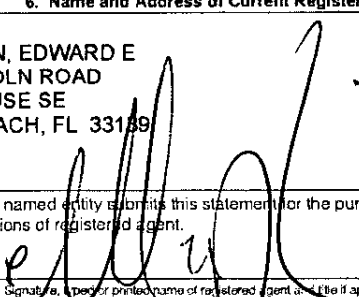
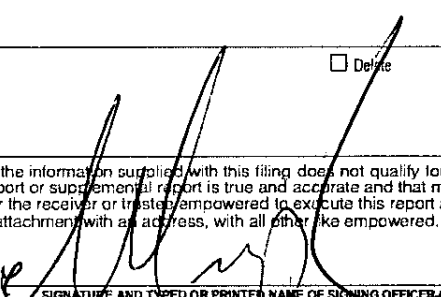


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90020 004 ***150.00

DOCUMENT # P97000034165 1. Entity Name MDL OF SOUTH FLORIDA, INC.					
Principal Place of Business 7076 SW 48TH LANE MIAMI, FL 33155			Mailing Address 7076 SW 48TH LANE MIAMI, FL 33155		
2. Principal Place of Business 7086 SW 48TH LN.		3. Mailing Address 7086 SW 48TH LN.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01112006 Chg-P CR2E034 (11/05)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0746138	
Zip 33155		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 MICHAEL LEVINE Street Address (P.O. Box Number is Not Acceptable) 7086 SW 48TH LN. City MIAMI FL Zip Code 33155			
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:  DATE: 1/27/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, MICHAEL D 7076 SW 48TH LANE MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, MICHAEL D. 7086 SW 48TH LN. MIAMI FL 33155
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE: 1/27/06 Daytime Phone #: 786-229-3228	

ATTACHMENT

40008768

PRINCETON PROFESSIONAL SERVICES

13011 SW 259 STREET

P.O. BOX 924342 HOMESTEAD, FL 33032

(305) 258-5670

DATE: 1/26/06

DO NOT MAIL THIS INSTRUCTION SHEET WITH YOUR ORIGINAL DOCUMENTS

FORM NO. Corp Annual Report YEAR ENDED: 2006

TAXPAYER: Mid of South Florida Inc

MAIL ON OR BEFORE: 4/15/06

Correct address
change registered
Agent to yourself

PLEASE FOLLOW INSTRUCTIONS AS CHECKED

Far from
copy

☒ PLEASE SIGN AT (X) 2 places
☐ INDICATE TITLE AT (X)
☐ NO REMITTANCE NECESSARY-REFUND \$
☒ WRITE CHECK IN THE AMOUNT OF \$ 150.00 DUE: 4/15/06

MAKE CHECK PAYABLE TO:

☐ UNITED STATES TREASURY
☐ FLORIDA UNEMPLOYMENT COMPENSATION FUND
☐ FLORIDA DEPARTMENT OF REVENUE
☒ YOUR BANK WITH FEDERAL DEPOSITORY COUPON FOR: _____
☒ FLORIDA DEPARTMENT OF STATE

MAIL SIGNED DOCUMENTS TO:

☐ INTERNAL REVENUE SERVICE CENTER, OGDEN, UT 84201-0005
☐ FLORIDA DEPT. OF REVENUE, 5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0125
☐ FLORIDA DEPT. OF REVENUE, UNEMPLOYMENT TAX
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0125
☒ DIVISION OF CORPORATIONS- ANNUAL REPORTS SECTION
P.O. BOX 1500,
TALLAHASSEE, FL 32302-1500