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

DOCUMENT # P98000008023

1. Corporation Name

RICHARD H. MCDUFF, P.A.

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90009 041 ***150.00

1110117411	D TH MODULTY I A						
Principal Place of Business Mailing Address					- I TOORIOOK IIN FOIDI TOUR COURT OOKII HANN EEKII		
790 EAST BROWARD BLVD. #400 790 EAST BROWARD BLVD. #4 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301					,		
			-		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 01/26/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
21 26					65-0807668	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	dditional
22 27					5. Certificate of Status Desired	Fee Re	quired
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	o Fees
Zip			Country	,	8. This corporation owes the current year Inf	angible	nd.
24	25		30		Personal Property Tax.		X No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
MCF	OUFF, RICHARD H		*'	Name			Ì
790 EAST BROWARD BLVD. #400			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33301			83				
			03				
			84	City	F 1	85 Zip C	ode
44 D	10 4 207.050	20		<u> </u>	FL		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above thorized by	e-named corpo the corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing its i ntment as rec	registered istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Floric	da Statutes	•	, , , , , , , , , , , , , , , , , , , ,	•	
SIGNATURE							
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R ND DIRECTORS		it signature required			
TITLE	D/P	DELETE	13.	 	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	MODULE BIOLING II		1.2 NAME	ļ			
STREET ADDRESS	2820 N.E. 11TH STREET			**************************************			
	POMPANO BEACH FL 33062		1.3 STREET	1			
CITY-ST-ZIP			1.4 CITY-ST 2.1 TITLE	1-2P		Change	Addition
NAME			2.1 MLC			□ change	C3 Addition
STREET ADDRESS							
			2.3 STREET				
CITY-ST-ZIP TITLE			2.4 CITY-S 3.1 TITLE	1-ZIP		☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS:			3.3 STREET	ADDESS			
CITY-ST-ZIP							
TITLE		☐ OELETE	3.4. CITY-S	1-ZIP		Change	Addition
NAME			4. 2 NAME			- Onlings	
STREET ADDRESS			4.2 NAME	Annoese			1
CITY-ST-ZIP	•••		4.4 CITY-ST				
TITLE	4.9 UI		5.1 TITLE	-LIF		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	i			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
1				1			1

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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if wanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF