## Aug 29, 2001 8:00 am Secretary of State DOCUMENT # P99000105310 1. Entity Name 08-29-2001 90018 044 \*\*\*550.00 M.D. MARKETING SERVICES, INC. Mailing Address Principal Place of Business 2296 GOLF BROOK DR 2296 GOLF BROOK DR UUUDAAUI WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address ST OHA Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE うロロアビ City & State City & State 4. FEI Number Applied For 22-3693344 N.Y h Not Applicabl Zip Country \$8.75 Additional YORK C Certificate of Status Desired <u>00</u>38 NEW Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-RUBIN, DAVID Street Address (P.O. Box Number is Not Acceptable) 2296 GOLF BROOK DR WEST PALM BEACH FL 33414 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE **Additio** RUBIN MICHAEL FEDER, LAWRENCE H NAME NAME TLEXINGTON AVE. · APTIZD STREET ADDRESS 2450 HOLLYWOOD BLVD., STE. 401 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP Delete Change Additic TITLE TITLE NAME NAME RUBIN, DAVID STREET ADDRESS STREET ADDRESS 2296 GOLF BROOK DR CITY-ST-ZIP West Palm Beach Fl 33414 City-St-7IP TITLE ☐ Delete TITLE ☐ Change Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 13. I hereby certify that the information supplied with this filling of

indicated on this report or supplied the corporation of the receil

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Daytime Phone #