

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # S23380

1. Entity Name
MEDICAL DIRECTIONS PUBLISHING CO., INC.



Principal Place of Business
**931 VILLAGE BLVD PMB 308
SUITE 905
WEST PALM BEACH, FL 33409-1939 US**

Mailing Address
**931 VILLAGE BLVD PMB 308
SUITE 905
WEST PALM BEACH, FL 33409-1939 US**



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-2929595

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GREGORY, ALAN
931 VILLAGE BLVD PMB 308
SUITE 905
WEST PALM BEACH, FL 33409-1939**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, ALAN 931 VILLAGE BLVD STE 905-308 WEST PALM BEACH, FL 334091939
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREGORY, LUCY 931 VILLAGE BLVD STE 905 WEST PALM BEACH, FL 334091939
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000308710
04/15/05-80025-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alan Gregory **ALAN GREGORY PRES** **4/12/05**