

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **22-2929595**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
GREGORY, ALAN  
931 VILLAGE BLVD STE 905-308  
WEST PALM BEACH FL 33409-1939**

Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**U00000696789  
04/18/07-80011-025 150.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
GREGORY, LUCY  
931 VILLAGE BLVD STE 905  
WEST PALM BEACH FL 33409-1939**

Change  Addition  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #