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FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S29690 (2)

1. Corporation Name  
MEDICAL DIRECTIONS, INC.



Principal Place of Business

4302 ALTON ROAD  
SUITE 530  
MIAMI BEACH FL 33140  
US

Mailing Address

8999 NE 191ST STREET  
SUITE 905  
AVENTURA FL 33160-9117  
US

3. Date Incorporated or Qualified  
02/04/1991

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 5222 North Bay Rd.

Suite, Apt. #, etc.

27 City & State

28 Miami Beach, FL

29 Zip

30 33140

Country

US

4. FEI Number

65-00-0248752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MOORE, JAMES W.  
801 BRICKELL AVENUE  
14TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Richard Jacobs

82 Street Address (P.O. Box Number is Not Acceptable)

5222 North Bay Road

83

84 City

Miami Beach

FL

85 Zip Code

33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

RICHARD F. JACOBS

(NOTE: Registered Agent signature required when reinstating)

1/14/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME JACOBS, RICHARD F  
STREET ADDRESS 4302 ALTON RD #530  
CITY-ST-ZIP MIAMI BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE

R. F. Jacobs

1/12/97

305-674-2662

CR2E034 (9/96)