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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 📝 DIVISION OF CORPORATIONS

1998 DOCUMENT #

MEDICAL DIRECTIONS, INC.

STREET ADDRESS

CITY-ST-ZIP

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Feb	18	1998	8:00am
Se	cre	tary o	of State

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43	02 ALTON F	ROAD		5222 NORTH BAY RD							
SUITE 530 SUITE 905						DO NOT WRITE IN THIS SPACE					
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140						3. Date Incorporated or Qualified					
ľ	•			00				02/04/1991			
2.	Principal Pl	lace of Busin	10\$\$	2a. Mailing Address				4. FEI Number		TA	pplied For
21				26				06-0248752		—	ot Applicable
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	Pursuant to office or re agent. I ad SNATURE	to the provis egistered ag m familiar wi	ions of Sections 607.0 lent, or both, in the Sta th, and accept the obl	502 and 607.1508, Florida Statu tle of Florida. Such change was igations of, Section 607.0505, F	ites, the ab authorized lorida Stati	ove-name by the contest.	d corpo orporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose o opt the app	f changing i pointment as	its registered s registered
310	DINATURE .										
		Signature, typed	or printed name of registered a	agent and tale if applicable (NO	TE Registered	Agent signat	ure required	when reinstating)	DATÉ		
12.	<u></u>	Signature, typed		ND DIRECTORS	13.			when reinstating) ADDITIONS/CHANGES TO OFFI			
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14. Thereby 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 of 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 if charbed, bright an address. Richard F. Jacobs, MD SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP