

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S29690

1. Corporation Name  
MEDICAL DIRECTIONS, INC.

Principal Place of Business

4302 ALTON ROAD  
SUITE 530  
MIAMI BEACH FL 33140  
US

Mailing Address

5222 NORTH BAY RD  
SUITE 905  
MIAMI BEACH FL 33140  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 5222 North Bay Rd  
27 Suite, Apt. #, etc.

28 City & State

28 Miami Beach FL

29 Zip 30 Country  
29 33140 30 USA

9. Name and Address of Current Registered Agent

RICHARD, JACOBS  
5222 NORTH BAY RD  
14TH FLOOR  
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1991

4. FEI Number

06-0248752

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 owes the current year Intangible  
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name JACOBS, RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)  
5222 North Bay Rd

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 Richard Jacobs  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME JACOBS, SALLY  
STREET ADDRESS 5222 NORTH BAY DR  
CITY-ST-ZIP MIAMI BEACH FL  
DELETE

TITLE P  
NAME JACOBS, RICHARD F MD  
STREET ADDRESS 5222 N BAY RD  
CITY-ST-ZIP MIAMI BCH FL 33140  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard F Jacobs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90061 048 \*\*\*150.00



CR2E034 (11/98)