

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90356 007 ***150.00

DOCUMENT # S77080

1. Entity Name
MEDICAL DRIVE VENTURES II, INC.



Principal Place of Business
1623 MEDICAL DRIVE
TALLAHASSEE, FL 32308

Mailing Address
PO BOX 12219
TALLAHASSEE, FL 32317

40073533



2. Principal Place of Business
1600 Phillips Rd

3. Mailing Address
1600 Phillips Rd

Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32308

Country

4. FEI Number
59-3091696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEECKLER, DONALD C., M.D.
1623 MEDICAL DR
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Kurt Luhmann

Street Address (P.O. Box Number is Not Acceptable)
1600 Phillips Rd

City
Tallahassee

FL

Zip Code
32308

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 Kurt Luhmann Kurt Luhmann - President

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, 2006 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	S BEECKLER, DONALD C., M.D. PO BOX 12219 TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOEVINGER, ERIC H MD PO BOX 12219 TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STORM, BRETT L MD PO BOX 12219 TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kurt Luhmann, MD 1600 Phillips Rd Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S James Killius, MD 1600 Phillips Rd Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donald Hansard MD 1600 Phillips Rd Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Kurt Luhmann 4-27-06 850-216-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #