


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90146 049 \*\*\*150.00

|  |   |                                 |  |   |  |
|--|---|---------------------------------|--|---|--|
| <b>DOCUMENT # S77080</b><br>1. Entity Name<br><b>MEDICAL DRIVE VENTURES II, INC.</b>   |   |                                 |  |    |  |
| Principal Place of Business<br><b>1600 PHILLIPS RD<br/>TALLAHASSEE, FL 32308</b>   |   |                                 | Mailing Address<br><b>1600 PHILLIPS RD<br/>TALLAHASSEE, FL 32308</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address              |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.             |  |   |  |
| City & State   |   | City & State                    |  | 01102008    Chg-P    CR2E034 (12/06)  |  |
| Zip  |   | Country                         |  | 4. FEI Number<br><b>59-3091696</b>  |  |
| Zip  |   | Country                         |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent  |   |                                 |  | 7. Name and Address of New Registered Agent   |  |
| <b>LUHNANS, RUST<br/>1600 PHILLIPS RD<br/>TALLAHASSEE, FL 32308</b>  |   |                                 |  | Name<br><b>Kurt Luhmann</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1600 Phillips Rd</b><br>City<br><b>Tallahassee</b> <b>FL</b> Zip Code<br><b>32308</b> |  |
| 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.<br>SIGNATURE: <u><i>Kurt Luhmann</i></u> <b>Kurt Luhmann</b> <b>4-10-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   |                                 | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>LUHMANN, KURT MD</b><br><b>1600 PHILLIPS RD</b><br><b>TALLAHASSEE, FL 32308</b>  | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>KILLIUS, JAMES MD</b><br><b>1600 PHILLIPS RD</b><br><b>TALLAHASSEE, FL 32308</b> | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>HANSALD, DONALD</b><br><b>1600 PHILLIPS RD</b><br><b>TALLAHASSEE, FL 32308</b>   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| 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: <u><i>L. Luhmann</i></u>  |   |                                 | <b>4/10/08 850-216-3650</b>  |   |  |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |                                 | <small>Date    Daytime Phone #</small>   |   |  |