

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90413 046 ***150.00

DOCUMENT # V24994

1. Entity Name
MD SERVICES, INC.



Principal Place of Business
2777 N POINCIANA BLVD
KISSIMMEE, FL 34746

Mailing Address
2777 N POINCIANA BLVD
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3119102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAKU, MARTHA
706 TEAL AVE
CELEBRATION, FL 34747

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAKU, MARTHA
STREET ADDRESS	706 TEAL AVE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	V
NAME	DAKU, THOMAS
STREET ADDRESS	706 TEAL AVE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	ST
NAME	PASQUERELLO, BRIDGET
STREET ADDRESS	1102 LUTYENS LANE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Martha Daku
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

Date

(407) 396-2744

Daytime Phone #