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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

M D TECHNOLOGY, INC.

**FILED** May 01 1998 8:00am Secretary of State



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Principal Place	of Business	Mailing Address		- Samer melands miner andere sound mistr about nam	(4 8 1 <b>6</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6821 SOUTH FORT DRIVE NORTH 6021-GOUTH FORT-DRIVE			IVE: NORTH-		
SUITE-120 SUITE-120 SUITE-120 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216			6	DO NOT WRITE IN THIS SPACE	
1.4				3. Date Incorporated or Qualified	
4345	Southpoint BL	NO SUITE 2	,00	07/14/1992	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3132670	Not Applicable
Suite, Apt. #	⊭, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 .		City & State			Fee Required
City & State		<del>}</del>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<b>28</b> Zip	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regist	ered Agent
	<i>i</i> lin, andrew L		81 Name		
	7 CYPRESS CREEK DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PONTE VEDRA BEACH FL 32082			90		
			83		
			84 City		FL 85 Zip Code
44 Pursuant to	o the provisions of Spetious 607 05	02 and 607 1508. Florida Statu	tes the above-named cor-		
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	Signature, typed or printed name of registered a	print and title if applicable (NO	TE: Registered Agent signature requ	red when reinstating) D	ATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DPST	☐ DELETE	1.1 TITLE		Change Addition
NAME	BALL OVERPOR OPERA BOUT		1.2 NAME		[5
STREET ADDRESS	BOART MEDDA BEACH EL GOGGO		1.3 STREE! ADDRESS		ນັ
CITY-ST-ZIP TITLE	TOTTLE TEUTH DESCRIPTION	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	<del></del>	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		٧.
CITY-ST-ZIP	•		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	3.4. CITY-ST-ZIP		Ohanna Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME		
			4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_		5 4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		-
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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 suppliemental 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.					