

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007403 (6)**

1. Corporation Name
MEDICAL DOCTORS' RESEARCH INSTITUTE, INC.

Principal Place of Business Mailing Address
16390 N.W. 52ND AVENUE **16390 N.W. 52ND AVENUE**
MIAMI FL 33014 **MIAMI FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/21/1994

4. FEI Number 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 has liability for intangible tax under S. 190.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **14101 NW 4 ST** 26 **14101 NW 4 ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State
23 **SUNRISE, FL** 28 **SUNRISE, FL**

Zip Country Zip Country
24 **33325** 25 29 **33325** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, PATRICIA A
16390 N.W. 52ND AVENUE
MIAMI FL 33014

81 Name **RILEY, PATRICIA A**
82 Street Address (P.O. Box Number is Not Acceptable)
14101 NW 4 ST
83
84 City **SUNRISE** FL 85 Zip Code **33325**

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 DATE **3-1-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	RILEY, PATRICIA A
STREET ADDRESS	16390 N.W. 52ND AVENUE
CITY - ST - ZIP	MIAMI FL 33014
TITLE	D
NAME	RILEY, JAMES B
STREET ADDRESS	16390 N.W. 52ND AVENUE
CITY - ST - ZIP	MIAMI FL 33014
TITLE	D
NAME	RILEY, HELEN
STREET ADDRESS	16390 N.W. 52ND AVENUE
CITY - ST - ZIP	MIAMI FL 33014
TITLE	D
NAME	RILEY, FRANCIS X
STREET ADDRESS	16390 N.W. 52ND AVENUE
CITY - ST - ZIP	MIAMI FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14101 NW 4 ST
1.4 CITY - ST - ZIP	SUNRISE, FL 33325
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14101 NW 4 ST
2.4 CITY - ST - ZIP	SUNRISE, FL 33325
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(DELETE)
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	(DELETE)
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE **3-1-95** **305-624-4466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Telephone Number