

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007404 (4)**

1. Corporation Name
MDR HEALTH CORP., INC.

Principal Place of Business Mailing Address
16390 NW 52ND AVENUE MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

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

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. 199.032, Florida Statutes Yes No

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

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

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

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

9. Name and Address of Current Registered Agent
**RILEY, PATRICIA A
16390 NW 52ND AVENUE
MIAMI FL 33014**

10. Name and Address of New Registered Agent
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 *[Signature]* DATE **3-1-95**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	14101 NW 4 ST
4. CITY-ST-ZIP	SUNRISE, FL 33325
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	14101 NW 4 ST
24. CITY-ST-ZIP	SUNRISE, FL 33325
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	(DELETE)
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	(DELETE)
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(9)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report, if any, and is accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered trustee responsible to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am attaching with this filing a...

SIGNATURE: *[Signature]* DATE: **3-1-95** TELEPHONE: **705-624-4461**