

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

0030298 AV

04-24-2002 90324 016 \*\*\*150.00

**DOCUMENT # P94000007404**

**1. Entity Name**  
**MDR HEALTH CORP., INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
14101 NW 4TH STREET SUNRISE FL 33325 US	14101 NW 4TH STREET SUNRISE FL 33325 US



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**

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

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **65-0572000**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RILEY, PATRICIA A**  
**14101 NW 4TH STREET**  
**SUNRISE FL 33325**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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.**

**9. SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**       (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RILEY, PATRICIA A</b>	
STREET ADDRESS	<b>14101 NW 4TH STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RILEY, JAMES B</b>	
STREET ADDRESS	<b>14101 NW 4TH STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)