

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000007404

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

**Current Principal Place of Business:**

14101 NW 4TH STREET  
SUNRISE, FL 33325

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC4869948736**

**Current Mailing Address:**

14101 NW 4TH STREET  
SUNRISE, FL 33325 US

**FEI Number: 65-0572000**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D	Title	D
Name	RILEY, PATRICIA A	Name	RILEY, JAMES B
Address	14101 NW 4TH STREET	Address	14101 NW 4TH STREET
City-State-Zip:	SUNRISE FL 33325	City-State-Zip:	SUNRISE FL 33325

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA A RILEY**

**DIR**

**04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date