

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

CORPORATION  
ANNUAL REPORT  
1995 *8-11-95*



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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **M88110** (5)

1. Corporation Name  
**M.D.R. MEDICAL CORPORATION**

Principal Place of Business	Mailing Address
% MARK D. ROBINSON 4630 S KIRKMAN RD. S326 ORLANDO FL 32810	% MARK D. ROBINSON 4630 S KIRKMAN RD. S326 ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/27/1988</b>	3a. Date of Last Report <b>10/07/1994</b>
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2899700</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, MARK D.  
4630 S. KIRKMAN RD.  
SUITE 326  
ORLANDO FL 32811

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Agent or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MARK D.	1.2 NAME	
STREET ADDRESS	4630 S. KIRKMAN RD., 326	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or as an addition thereto with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/25/95*

TITLE

EXPIRES