

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

00 SEP 25 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M88110**

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

Principal Place of Business  
**% MARK D. ROBINSON  
4630 S KIRKMAN RD. S326  
ORLANDO FL 32811**

Mailing Address  
**% MARK D. ROBINSON  
4630 S KIRKMAN RD. S326  
ORLANDO FL 32811**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2451 Enterprise Rd**

3. Mailing Address  
**2451 Enterprise Rd**

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number **59-2899700**

Applied For  
Not Applicable

Zip Country  
**33763 USA**

Zip Country  
**33763 USA**

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

**ROBINSON, MARK D  
MDR EXECUTIVE CENTER  
2451 ENTERPRISE ROAD  
CLEARWATER FL 33763**

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.

SIGNATURE  **Mark D. Robinson, President, CEO** 9/20/00  
Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 **D**  Delete  
NAME **ROBINSON, MARK D.**  
STREET ADDRESS **4630 S. KIRKMAN RD., 326**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **President, CEO**  Change  Addition  
NAME **Robinson, Mark D.**  
STREET ADDRESS **2053 N Pointe Alexis Dr,**  
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300003417453-9  
-10/06/00--01113--022  
\*\*\*\*750.00 \*\*\*\*750.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  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)(b), 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:  **Mark D. Robinson, President, CEO** 9/20/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20004 15/000