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Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90002 028 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001105

1. Corporation Name

MEDICAL DOCTORS' RESEARCH INSTITUTE, INC.

Principal Place of Business

14101 NW 4TH ST  
SUNRISE FL 33325

Mailing Address

14101 NW 4TH ST  
SUNRISE FL 33325



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/27/1996	
22		27		4. FEI Number	
City & State		City & State		65-0572002	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		- \$8.75 Additional Fee Required	
24		29		30	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
25		29		30	
Country		Country		Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RILEY, PATRICIA A 14101 NW 4TH ST SUNRISE FL 33325				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, JAMES			1.2 NAME			
STREET ADDRESS	14101 NW 4TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33325			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, PATRICIA			2.2 NAME			
STREET ADDRESS	14101 NW 4TH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33325			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, FRANCIS X			3.2 NAME			
STREET ADDRESS	14101 N.W. 4 ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Patricia Riley 1-21-99 954845900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA RILEY, DIRECTOR

Date

Daytime Phone #

0303 141000