## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600001105

## MEDICAL DOCTORS' RESEARCH INSTITUTE, INC.

14101 NW 4TH ST SUNRISE FL 33325

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

14101 NW 4TH ST SUNRISE FL 33325-6209

Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		} .	DO NOT WRITE IN THIS SPACE			
				4. FEI Number 65-0572002		<b>⊢</b>	Applied For	
Zip Country		Zip	Country		of Status Desired	\$8.75 Ac	dditional	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<del></del>	o, Haine and Address of Cdi	TER REGISTERS AGERT	Name		Address of New Anglisteres	- Agom		
RILEY, PA	ATRICIA A		Street	Street Address (P.O. Box Number is Not Acceptable)				
14101 NV			<b> </b>		<del></del>			
SUNRISE								
001111102	1 2 3322		City	City FL Zip Code				
	e named entity submits this statem			ar registered exect or both	is the state of Elevide	<del></del>		
. The above	e named emity sudmits this statem	ent for the purpose of changing its	registered office	or registered agent, or oot	, in the state of Horida.			
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOT	E: Registered Agent sign	nature required when reinstating)	DATE			
		<del></del>	<del></del>	<del></del>				
	FILE NOW:	9. Election Campaign	n Financino	¢5 00	Make Charl	c Davahle t	0	
FEE IS \$61.25 Trust Fund Contribution				\$5.00 May Be Added to Fees		Make Check Payable to Department of State		
	FEE 13 \$01.25				<b>Dopartino</b>			
0.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND D	DIRECTORS I	N 10	
TILE	PD	☐ Delete	TITLE			☐ Change	Addition	
IAME	RILEY, JAMES	25/4.0	NAME					
TREET ADDRESS	14101 NW 4TH ST		STREET ADDRESS	3				
CITY-ST-ZIP	SUNRISE FL 33325		CITY-ST-ZIP					
TTLE	DV	☐ Delete	TITLE			☐ Change	☐ Addition	
IAME	RILEY, PATRICIA		NAME					
STREET ADDRESS	14101 NW 4TH ST		STREET ADDRESS					
CITY-ST-ZIP	SUNRISE FL 33325		CITY-ST-ZIP	J				
ITLE	D		TITLE			Change	☐ Addition	
AME	RILEY, FRANCIS X		NAME					
STREET ADDRESS	14101 N.W. 4 ST.		STREET ADDRESS	s				
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP					
TITLE	SUMMOLIL	□ Delete	TITLE	<del> </del>		Change	☐ Addition	
IAME	1	t Delete	NAME					
TREET ADDRESS	i		STREET ADDRESS	5				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	<del></del>		☐ Change	☐ Addition	
NAME			NAME			_ •		
STREET ADDRESS			STREET ADDRESS	5				
CITY-ST-ZIP			CITY-ST-ZIP	1				
TITLE	<del> </del>	Delete 1 No.	TITLE a non-		Company of the Company	,Change	Addition	
NAME	·	53000	NAME		•	ا ما الحساء		
STREET ADDRESS			STREET ADDRESS	s <b> </b>	ing a company of the second	er i er er		
CITY-ST-ZIP	1		CITY-ST-ZIP		7 65 9 667.		1 .	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECOUREDMES B. RILEY

**FILED** 

May 21, 2000 8:00 am Secretary of State

05-21-2000 90002 031 \*\*\*150.00