

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90002 031 ***150.00

DOCUMENT # N96000001105

1. Entity Name

MEDICAL DOCTORS' RESEARCH INSTITUTE, INC.

Principal Place of Business

Mailing Address

14101 NW 4TH ST
 SUNRISE FL 33325

14101 NW 4TH ST
 SUNRISE FL 33325-6209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0572002

Applied For
 Not Applicable

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

RILEY, PATRICIA A
14101 NW 4TH ST
SUNRISE FL 33325

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RILEY, JAMES	
STREET ADDRESS	14101 NW 4TH ST	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RILEY, PATRICIA	
STREET ADDRESS	14101 NW 4TH ST	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, FRANCIS X	
STREET ADDRESS	14101 N.W. 4 ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED** JAMES B. RILEY 4/27/00 954-845-9500

CR2E037 (9/99)