

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90037 026 \*\*\*150.00

C 203

**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

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

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

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-01

954-845-9500

CR2E037 (10/00)