

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91077 001 \*\*\*183.75

0040381

**DOCUMENT # N98000005605**

1. Entity Name

**GLOBAL MEDICAL RELIEF INCORPORATED**

Principal Place of Business

Mailing Address

6850 LIVING WATER PLACE  
TAMPA FL 33610

6850 LIVING WATER PLACE  
TAMPA FL 33610

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

**59-3562866**

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

**MCCORD, JENNIFER**  
**6850 LIVING WATER PLACE**  
**TAMPA FL 33610**

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: FEE 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** ☐ Delete  
NAME **CLARK, RONALD H DR.**  
STREET ADDRESS **6850 LIVING WATER PLACE**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GENTRI, JOHN L M.D.**  
STREET ADDRESS **1427 NEW BRITAIN DRIVE**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **MCCORD, MICHAEL**  
STREET ADDRESS **1907 SADDLELAKE**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6850 Living Water Pl**  
CITY-ST-ZIP **Tampa FL 33610**

TITLE **SD** ☐ Delete  
NAME **MYER, MELVIN**  
STREET ADDRESS **3502 HENDERSON BLVD. #300**  
CITY-ST-ZIP **TAMPA FL 33688**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **CLARK, BELINDA**  
STREET ADDRESS **6850 LIVING WATER PLACE**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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)(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:**

*Michael McCord, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/18/01*  
Date

*813-620-4551*  
Daytime Phone #

CR2E037 (9/01)