

Amended
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **199000004002**

1. Entity Name

The Medical Resource Council, Inc.

Principal Place of Business

Mailing Address

**304 W. Henry Ave.
Tampa, FL 33604**

**304 W. Henry Ave.
Tampa, FL 33604**

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

59-3592000

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETCHER, CHARLES R
101 EAST KENNEDY BLVD, STE.3400
TAMPA FL 33602**

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
After September 12, 2001, min. will be \$236.25**

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 ☐ Delete
D Charles R. Fletcher
STREET ADDRESS **101 E. Kennedy Blvd, Suite 3400**
CITY-ST-ZIP **Tampa, FL 33601**

TITLE NAME ☐ Change ☒ Addition
Joni A. Ray
STREET ADDRESS **201 W Mohawk Ave**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE NAME ☐ Delete
D April Griffin
STREET ADDRESS **304 W. Henry Ave.**
CITY-ST-ZIP **Tampa FL 33604**

TITLE NAME ☐ Change ☒ Addition
000004669710--8
-11/06/01--01083--011
*******70.00 *****25.00**

TITLE NAME ☒ Delete
D Glenda Beard
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

9/11/01 812.779.7775

0011225

CR2E037 (5/01)