


# AMENDED

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P0000055111</b>			
1. Entity Name <b>INVMD RESEARCH CORPORATION</b>			
Principal Place of Business 2381 FRUITVILLE ROAD SARASOTA, FL 34237		Mailing Address 2381 FRUITVILLE ROAD SARASOTA, FL 34237	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PENDER, MICHAEL R JR. 2381 FRUITVILLE ROAD SARASOTA, FL 34237		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when missing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PENDER, MICHAEL R JR. 2381 FRUITVILLE ROAD SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. Howard Stewart MD 24 Myrtle street Manchester, ME 04351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. Joe Acebal DC P.O. Box 784 Anna Maria Island, FL 34216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. Jason Cross DC 2831 Ringling Blvd, Ste A101 Sarasota, FL 34237 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 607, 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: <i>Michael Pender Pres.</i>		Date: 10/9/03 Phone #: 941-366-2983	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CHECK HERE IF MAKING CHANGES

ADD

1 (or 2)

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