

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90326 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062748

1. Entity Name
MEDICAL DESIGN GROUP, INC.

Principal Place of Business Mailing Address
3018 SW 27TH AVENUE 3018 SW 27TH AVENUE
SUITE 102 SUITE 102
OCALA FL 34474 Ocala FL 34474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	APPLIED FOR	Applied For
Suits, Apt. #, etc.		Suits, Apt. #, etc.		59-3716645		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TROW, CHESTER J 1 NE FIRST AVENUE SUITE 303 OCALA FL 34470				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAUCHLIN, BEN G			NAME			
STREET ADDRESS	3019 SW 27TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34474			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, MICHAEL			NAME			
STREET ADDRESS	730 EAST FIFTH AVE.			STREET ADDRESS			
CITY-ST-ZIP	MT. DORA FL 32757			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BEN G. MCLAUCHLIN**
RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
Date

(352)873-3900
Daytime Phone #

CR2E04 (9/01)