FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000021883 (2)**

1. Corporation Name

MDR OF VERO BEACH, INC.

Principal Place of Business	Mailing Address
4050 WESTMARK DR. WESTMARK ENTERPRISES DUBUQUE IA 52002 US	4050 WESTMARK DR. WESTMARK ENTERPRISES DUBUQUE IA 52002 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1993	3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3173584	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BLOCK, SAMUEL A
2127 TENTH AVE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	FALB, MARK C.	1.2 NAME	
STREET ADDRESS	4050 WESTMARK DR.	1.3 STREET ADDRESS	
CITY ST ZIP	DUBUQUE IA	1.4 CITY ST ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	BAUER, DAVID C.	2.2 NAME	
STREET ADDRESS	ONE CYCARE PLAZA, SUITE 216	2.3 STREET ADDRESS	
CITY ST ZIP	DUBUQUE IA	2.4 CITY ST ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	MALONE, RONALD R.	3.2 NAME	
STREET ADDRESS	4050 WESTMARK DR.	3.3 STREET ADDRESS	
CITY ST ZIP	DUBUQUE IA	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above/on, or on an attachment with an address.

SIGNATURE: C - F Mark C Falb 4-10-95 319-589-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489101 FN