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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400007404

MDR HEALTH CORP., INC.

Principal Place of Busines
14101 NW 4TH STREET
SUNRISE FL 33325
110

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90002 018 \*\*\*150.00

Principal Place	of Business	Mailing Address				1 10010001 110 10111 01011 00111 00111		
14101 NW 4TH STREET		14101 NW 4TH STREET						
SUNRISE FL 33325		SUNRISE FL 33325				DO NOT WRITE IN	THIS SPACE	
US		US				3. Date Incorporated or Qualifed	, NO OF AGE	
						01/21/1994		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				65-0572000		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27						Required
City & State	e	City & State		•		6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		I to Fees
Zip	Country	Zip		ountry		8. This corporation owes the current ye	ar Intangible ☐ Yes	□No
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Current	t Registered Agent	-	81	Name	10. Name and Address of New Regist	eran Wasiir	
DILE	Y, PATRICIA A			"	1401116			
	1 NW 4TH STREET			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	RISE FL 33325			-				
· JUN	NICE I E GOOZO			83				
				84	City.		FL 85 Zip	Code
				]		the state of the s		ts registered
				-60.00	named a			
office or re	enictored agent or both in the State (	of Florida, Such change was a	autnonze	ea ov u	named co	orporation submits this statement for the purpo ation's board of directors. I hereby accept the	appointment as	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was a	autnonze	ea ov u	named co he corpor	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as	registered
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6.4 CITY-ST-ZIP 14. 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 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 if changed, or on an alachment with an address, with all other like empowered.

**SIGNATURE:**