

P94000090785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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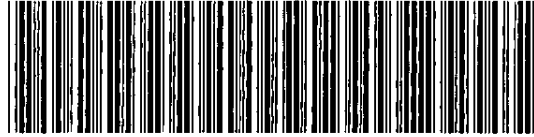
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICAL DEVELOPMENTAL RESEARCH, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000090785

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

I. MICHAEL TUCKER, ESQUIRE  
(Name of Person)

LAW OFFICE OF I. MICHAEL TUCKER, P. L. C.  
(Name of Firm/Company)

498 PALM SPRINGS DRIVE, SUITE 100  
(Address)

ALTAMONTE SPRINGS, FLORIDA 32701  
(City/State and Zip Code)

For further information concerning this matter, please call:

I. MICHAEL TUCKER, ESQUIRE at ( 407 ) 977-8836  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

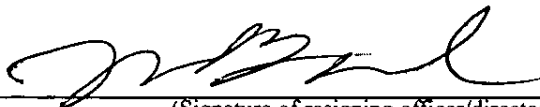
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARK D. ROBINSON, hereby resign as an OFFICER/DIRECTOR  
(Title)

of MEDICAL DEVELOPMENTAL RESEARCH, INC.  
(Name of Corporation)

P94000090785, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
**07 NOV -5 AM 11:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314