

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90060 034 ***150.00

DOCUMENT # P96000016819

1. Corporation Name

MEDICAL DEVELOPMENT RESOURCES, INC.



Principal Place of Business

145 18TH AVE 953 013 Dixie Hwy
VERO BEACH FL 32962 B6
US
Vero Beach, FL
32960

Mailing Address

145 18TH AVE 554 53rd Square
VERO BEACH FL 32962 32968
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 953 013 Dixie Hwy
Suite, Apt. #, etc.
22 B6

23 Vero Beach FL
City & State
Zip 32960 Country Indian R. Ven

24 32960 25 Indian R. Ven

2a. Mailing Address

26 554 53rd Square
Suite, Apt. #, etc.

27
28 Vero Beach, FL
City & State
Zip 32960 Country Indian R. Ven

29 32960 30 Indian R. Ven

3. Date Incorporated or Qualified

02/21/1996

4. FEI Number

65-0651887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LYNCH, RICHARD L
415 S. 2ND ST.
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name Peggy Bishop
82 Street Address (P.O. Box Number is Not Acceptable)
354 53rd Square
83
84 City Vero Beach FL 85 Zip Code 32968

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

Peggy Bishop

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/2/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LYNCH, RICHARD L
STREET ADDRESS 415 S. 2ND ST.
CITY-ST-ZIP FT. PIERCE FL
☒ DELETE

TITLE VD
NAME BISHOP, PEGGY
STREET ADDRESS 145 18TH AVE
CITY-ST-ZIP VERO BEACH FL
☐ DELETE

TITLE STD
NAME DOCTOR, FIONA
STREET ADDRESS 145 18TH AVE
CITY-ST-ZIP VERO BEACH FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Peggy Bishop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/99
Date

Daytime Phone #

CR2E034 (1/98)

0121014