

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90028 027 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P96000086933 <b>1. Entity Name</b> MEDICAL RESOURCES INTERNATIONAL, P.A.	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 13045 SADDLE WAY Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> BROOKSVILLE, FL	<b>City &amp; State</b>
<b>Zip</b> 34614	<b>Country</b>

<b>4. FEI Number</b> 59-3407306	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> JAMES B. FRANCIS	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 13045 SADDLE WAY	
<b>City</b> BROOKSVILLE	<b>Zip Code</b> 34614

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> PRESIDENT, DIRECTOR	<b>TITLE</b> NAME	<b>TITLE</b> NAME	
<b>NAME</b> JAMES B. FRANCIS	<b>STREET ADDRESS</b> 13045 SADDLE WAY	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34614	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SECRETARY, TREASURER, DIRECTOR	<b>TITLE</b> NAME	<b>TITLE</b> NAME	
<b>NAME</b> AMY W. FRANCIS	<b>STREET ADDRESS</b> 13045 SADDLE WAY	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34614	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>TITLE</b> NAME	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
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<b>TITLE</b> NAME	<b>TITLE</b> NAME	<b>TITLE</b> NAME	
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

JAMES B. FRANCIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #