

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031105

1. Entity Name

MEDICAL OFFICE RESOURCES, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90052 048 \*\*\*150.00

Principal Place of Business

Mailing Address

8125 HAMPSHIRE DRIVE  
SEBRING FL 33870

8125 HAMPSHIRE DRIVE  
SEBRING FL 33870-6206

2. Principal Place of Business

101 GLEN MAR CIRCLE

3. Mailing Address

101 GLEN MAR CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

63-0910299

Applied For

Not Applicable

Zip

33870

Country

Zip

33870

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALL, MARTHA  
8125 HAMPSHIRE DRIVE  
SEBRING FL 33870

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMALL, MARTHA  
CITY-ST-ZIP 8125 HAMPSHIRE DRIVE  
SEBRING FL 33870

TITLE ☒ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS SMALL MARTHA  
CITY-ST-ZIP 101 GLEN MAR CIRCLE  
SEBRING FL 33870

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMALL, JAMES M  
CITY-ST-ZIP 8125 HAMPSHIRE DRIVE  
SEBRING FL 33870

TITLE ☒ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS SMALL JAMES M.  
CITY-ST-ZIP 101 GLEN MAR CIRCLE  
SEBRING FL 33870

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha G. Small Martha G. Small 2-21-00 863-655-9648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)