

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91286 024 ***150.00

DOCUMENT # P99000031105

1. Entity Name

MEDICAL OFFICE RESOURCES, INC.

Principal Place of Business

**101 GLEN MAR CIR.
SEBRING FL 33870**

Mailing Address

**101 GLEN MAR CIR.
SEBRING FL 33870**

2. Principal Place of Business

3601 S.W 2nd Ave

3. Mailing Address

3601 S.W 2nd Ave

Suite, Apt. #, etc.

Sre R

Suite, Apt. #, etc.

Sre R

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

Alachua

Zip

32607

Country

Alachua

6. Name and Address of Current Registered Agent

**SMALL, MARTHA
101 GLEN MAR CIRCLE
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name **SAME**

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

3601 S.W 2nd Ave

Sre R

City

Gainesville

FL

Zip Code

32607

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, MARTHA	
STREET ADDRESS	101 GLEN MAR CIRCLE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, JAMES M	
STREET ADDRESS	101 GLEN MAR CIRCLE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, MARTHA	
STREET ADDRESS	8521 SW 55th PLACE	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, JAMES M	
STREET ADDRESS	8521 SW 55th PLACE	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **1-31-02 (352) 367-9700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E034 (9/01)