2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# P99000099220

Entity Name: MDR ADVANCED MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1899-9 N. CONGRESS AVE.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1899 N CONGRESS AVE
STE 9
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0960412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

DIROMA, MARK P DR.
1899-9 NORTH CONGRESS AVENUE
BOYNTON BEACH, FL 33426 US

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: DR. MARK P. DIROMA 03/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DI ROMA, MARK P
Address: 5765 DES CARTES CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Delete
Name: DIROMA, DOROTHEA
Address: 5765 DES CARTES CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DI ROMA, MARK P DR.
Address: 5765 DES CARTES CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK P. DIROMA DR. 03/19/2007
Electronic Signature of Signing Officer or Director Date