

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000106561**

1. Entity Name

MEDICAL RESOURCES DEVICES, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90033 001 ***150.00

02-06-2001 90033 002 *****8.75

Principal Place of Business

211 LAKE POINTE DR.,STE.110
OAKLAND PARK FL 33309

Mailing Address

211 LAKE POINTE DR.,STE.110
OAKLAND PARK FL 33309**24468**

2. Principal Place of Business

5666 LA JOLLA BLVD. #24

3. Mailing Address

5666 LA JOLLA BLVD #24

Suite, Apt. #, etc.

LA JOLLA, CALIF

Suite, Apt. #, etc.

LA JOLLA CALIF

City & State

92037 USA

City & State

92037 USA

Zip

Country

Zip

Country

4. FEI Number

650994113

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.,STE.1
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00**
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	QUARANTELLA, DENNIS D	
STREET ADDRESS	211 LAKE POINTE DR.,STE.110	
CITY-ST-ZIP	OAKLAND PARK FL 33309	

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
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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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARANTELLA, DENNIS D.	
STREET ADDRESS	5666 LA JOLLA BLVD #24	
CITY-ST-ZIP	LA JOLLA, CALIF 92037	

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
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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:**DENNIS D. QUARANTELLA**
PRESIDENT**01,22,2001**

Date

871
930,0123

Daytime Phone #

CR2E034 (10/00)