

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34089** (5)

1. Corporation Name
MEDICAL DATA RESOURCES, INC.

Principal Place of Business Mailing Address
2101 NW 33RD ST 2101 NW 33RD ST
STE. 3100 STE. 3100
POMPANO BCH FL 33069 POMPANO BCH FL 33069
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/04/1992	04/18/1994
22 State, Apt. #, etc. 900A		27 State, Apt. #, etc. 900A		4. FEI Number	Applied For
23 City & State		28 City & State		65-0356991	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. The corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPERBER, MORRIS 2101 N.W. 33RD STREET SUITE 3100-900A POMPANO BEACH FL 33069				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 SUITE 900A			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when consisting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERBER, MORRIS	1.2 NAME	SPERBER, MORRIS
STREET ADDRESS	2101 NW 33RD ST, STE 3100	1.3 STREET ADDRESS	2101 NW 33RD ST, STE 900A
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	STD	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERBER, NEIL	2.2 NAME	SPERBER, NEIL
STREET ADDRESS	2101 NW 33RD ST, STE 3100	2.3 STREET ADDRESS	2101 NW 33RD ST, STE 900A
CITY - ST - ZIP	POMPANO BCH FL	2.4 CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04.27.95
Daytime Phone: _____