2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P06000003504

Entity Name: MEDICAL LIFE, INC.

Current Principal Place of Business:

11048-9 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

11048-9 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-4092213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE, SUITE 115
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPS
Name: DODARO, NICHOLAS R M.D.
Address: 11048-9 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: SHUMER, MICHAEL K M.D.
Address: 11048-9 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: FRAZER, BERNARD
Address: 11048-9 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby 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 all other like empowered.

SIGNATURE: /NICHOLAS DODARO, M.D./ S 01/06/2011

Electronic Signature of Signing Officer or Director Date