

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

019415 AT

DOCUMENT # **P93000018148** ✓

1. Entity Name
MEDICAL REVIEW CONSULTANTS, INC.

08-11-2002 90174 029 ***550.00

Principal Place of Business
1516 E COLONIAL DR .
~~#200-202~~
ORLANDO FL 32803
US

Mailing Address
P O BOX 532002
ORLANDO FL 32853-002
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
202

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3190342**
 Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS F. LANG
105 E. ROBINSON ST.
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	T MUMBY, ROBERT C JR	<input type="checkbox"/> Delete
STREET ADDRESS	36 SOUTH HAMPTON AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	D MUMBY, PEGGY W	<input type="checkbox"/> Delete
STREET ADDRESS	4703 WATERWITCH POINTE DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE NAME	D MUMBY, ROBERT C	<input type="checkbox"/> Delete
STREET ADDRESS	4703 WATERWITCH POINTE DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Peggy W. Mumby **REQUIRE** Peggy W. Mumby **REQUIRE** 8/7/02 407-898-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)