

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90040 026 ***150.00

DOCUMENT # P98000037049

1. Entity Name
MEDADVANTAGE, INC.



Principal Place of Business
3452 LAKE LYNDA DRIVE
#250
ORLANDO, FL 32817

Mailing Address
3452 LAKE LYNDA DRIVE
#250
ORLANDO, FL 32817

50013675



2. Principal Place of Business

3. Mailing Address

11301 CORPORATE BLVD.

11301 CORPORATE BLVD.

Suite, Apt. #, etc.
Ste. 300

Suite, Apt. #, etc.
Ste. 300

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32817

Zip
32817

Country
USA

01032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0836895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITTY, JOHN B
2345 WESTMINSTER TER.
OVIEDO, FL 32765

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Delete
NAME WITTY, JOHN B
STREET ADDRESS 3452 LAKE LYNDA DR, #250
CITY-ST-ZIP ORLANDO, FL 32817

TITLE P/T/D ☒ Change ☐ Addition
NAME JOHN B. WITTY
STREET ADDRESS 11301 CORPORATE BLVD, Ste. 300
CITY-ST-ZIP ORLANDO, FL 32817

TITLE S ☐ Delete
NAME BARRETT, JOHN C
STREET ADDRESS 3452 LAKE LYNDA DR, #250
CITY-ST-ZIP ORLANDO, FL 32817

TITLE P/S/D ☒ Change ☐ Addition
NAME JOHN C. BARRETT
STREET ADDRESS 11301 CORPORATE BLVD, Ste. 300
CITY-ST-ZIP ORLANDO, FL 32817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like and powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05

Date

407-282-5131

Daytime Phone #