2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90191 047 ***150.00

DOCUMENT # P98000037049

1. Entity Name
MEDADVANTAGE, INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
HINES, KIM 777 S FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401-6198	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)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S NEVILLE, KATHRYN A 2600 PROFESSIONALS DR., BOX 150 OKEMOS MI 48805-0150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT James J. Morello 100 Brookwood Place, Ste. 500 Birmingham, AL 35209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, KERRY M MD 2121 PONCE DE LEON BLVD, PO BOX 149001 CORAL GABLES FL 33114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Howard H. Friedman 100 Brookwood Place, Ste. 500 Birmingham, AL 35209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WITTY, JOHN B 3452 LAKE LYNDA DR, #250 ORLANDO FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARRETT, JOHN C 3452 LAKE LYNDA DR, #250 ORLANDO FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWLBY, JEFF 2600 PROFESSIONALS DR., BOX 150 OKIMOS MI 48805-0150	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D A. Derrill Crowe, MD 100 Brookwood Place, Ste. 500 Birmingham, AL 35209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ADAMO, VICTOR T 2600 PROFESSIONALS DR BOX 150 OKEMOS MI 48805-0150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Adamo, Victor T. 100 Brookwood Place Ste. 500 Birmingham, AL 35209	☑ Change. ☐ Addition

CR2E034 (10/02)

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 empowered.

SIGNATURE: SIGNATURE REQUIRED 2-14-03 407-282-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #