

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003504

Entity Name: MEDICAL LIFE, INC.**Current Principal Place of Business:**11048-9 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256**Current Mailing Address:**4230 PABLO PROFESSIONAL CT
SUITE #103
JACKSONVILLE, FL 32224 US**FEI Number:** 20-4092213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE,
240
JACKSONVILLE, FL 32204 US*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

Officer/Director Detail :

Title	DS, PRESIDENT
Name	DODARO, NICHOLAS RM.D.
Address	11048-9 BAYMEADOWS ROAD
City-State-Zip:	JACKSONVILLE FL 32256

Title	D, CEO
Name	SHUMER, MICHAEL KM.D.
Address	11048-9 BAYMEADOWS ROAD
City-State-Zip:	JACKSONVILLE FL 32256

Title	CFO
Name	MARTIN, JOHN
Address	11048-9 BAYMEADOWS ROAD
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	FRAZER, BERNARD
Address	11048-9 BAYMEADOWS ROAD
City-State-Zip:	JACKSONVILLE FL 32256

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: JOHN MARTIN

CFO

02/23/2021

Electronic Signature of Signing Officer/Director Detail

Date