

**2015 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:**

10151 DEERWOOD PARK BLVD  
BLDG 200 SUITE 250  
JACKSONVILLE, FL 32256 US

**FEI Number:** 20-4092213

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE, SUITE 115  
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

*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

01/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date