

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008290

Entity Name: MEDAPPRAISE, INC.**Current Principal Place of Business:**6334 GRAND OAK CIRCLE
#204
BRADENTON, FL 34203**Current Mailing Address:**6334 GRAND OAK CIRCLE
#204
BRADENTON, FL 34203**FEI Number:** 20-4145366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARTNETT, THOMAS M
6334 GRAND OAK CIRCLE
#204
BRADENTON, FL 34203 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	VP, DIRECTOR
Name	CHOROROS, SANDRA
Address	6334 GRAND OAK CIRCLE #204
City-State-Zip:	BRADENTON FL 34203

Title	CFO, DIRECTOR
Name	HARTNETT, THOMAS M
Address	6334 GRAND OAK CIRCLE #204
City-State-Zip:	BRADENTON FL 34203

Title	DIRECTOR
Name	PERGOLIZZI, JOSEPH JR.
Address	6334 GRAND OAK CIRCLE #204
City-State-Zip:	BRADENTON FL 34203

Title	VP, DIRECTOR
Name	MILLER, SCOTT A
Address	6334 GRAND OAK CIRCLE #204
City-State-Zip:	BRADENTON FL 34203

Title	CEO, DIRECTOR
Name	CLEGG, MARTIN J
Address	6334 GRAND OAK CIRCLE #204
City-State-Zip:	BRADENTON FL 34203

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: THOMAS HARTNETT

CFO

04/18/2016

Electronic Signature of Signing Officer/Director Detail_____
Date