

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90410 044 \*\*\*150.00

<b>DOCUMENT # F01000005392</b>					
<b>1. Entity Name</b> MEDADV CORPORATION					
<b>Principal Place of Business</b> 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245			<b>Mailing Address</b> 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 54-1878009	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> GASKELL, EDWARD I <b>STREET ADDRESS</b> 11710 PLAZA AMERICA DRIVE <b>CITY-ST-ZIP</b> RESTON, VA 20190	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Raymond E. Henry <b>STREET ADDRESS</b> 2100 East Grand Avenue <b>CITY-ST-ZIP</b> El Segundo, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> SEMIEGA-ORTIZ, BONNIE <b>STREET ADDRESS</b> 11710 PLAZA AMERICA DRIVE <b>CITY-ST-ZIP</b> RESTON, VA 20190	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPT <b>NAME</b> Leon J. Lèvel <b>STREET ADDRESS</b> 2100 East Grand Avenue <b>CITY-ST-ZIP</b> El Segundo, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> REICHARDT, DAVID L <b>STREET ADDRESS</b> 11710 PLAZA AMERICA DRIVE <b>CITY-ST-ZIP</b> RESTON, VA 20190	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPS <b>NAME</b> Hayward D. Fisk <b>STREET ADDRESS</b> 2100 East Grand Avenue <b>CITY-ST-ZIP</b> El Segundo, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> CASCHETTA, MARIA <b>STREET ADDRESS</b> 11710 PLAZA AMERICA DRIVE <b>CITY-ST-ZIP</b> RESTON, VA 20190	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> AT <b>NAME</b> Larry D. Goodman <b>STREET ADDRESS</b> 2100 East Grand Avenue <b>CITY-ST-ZIP</b> El SEgundo, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> BALL, KATHLEEN M <b>STREET ADDRESS</b> 11710 PLAZA AMERICA DRIVE <b>CITY-ST-ZIP</b> RESTON, VA 20190	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> AT <b>NAME</b> Thomas R. Irvin <b>STREET ADDRESS</b> 2100 East Grand Avenue <b>CITY-ST-ZIP</b> El SEgundo, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> GAHAM, PAUL T <b>STREET ADDRESS</b> 11710 PLAZA AMERICA DRIVE <b>CITY-ST-ZIP</b> RESTON, VA 20190	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			Larry D. Goodman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
04/16/04			310.615.0311		