

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90470 048 ***150.00

DOCUMENT # F97000006068

1. Entity Name

MEDRISK, INC.



Principal Place of Business

640 FREEDOM BUSINESS CENTER
SUITE 300
KING OF PRUSSIA PA 19406
US

Mailing Address

640 FREEDOM BUSINESS CENTER
SUITE 300
KING OF PRUSSIA PA 19406
US

2. Principal Place of Business

2701 Renaissance Blvd
Suite 200
King of Prussia PA

3. Mailing Address

2701 Renaissance Blvd
Suite 200
King of Prussia PA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

19406

US

19406

US

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE RD.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	BOYCE, SHELLEY L	
STREET ADDRESS	640 FREEDOM BUSINESS CENTER, SUITE 300	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	DT	<input type="checkbox"/> Delete
NAME	POOLE, JERRY D	
STREET ADDRESS	640 FREEDOM BUSINESS CTR, STE 300	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREIDER, STEVEN	
STREET ADDRESS	640 FREEDOM BUSINESS CTR, STE 200	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAIRSON, PATRICIA A	
STREET ADDRESS	640 FREEDOM BUSINESS CTR, STE 300	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, JANE	
STREET ADDRESS	640 FREEDOM BUSINESS CENTER, SUITE 300	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2701 Renaissance Blvd Suite 200
CITY-ST-ZIP	King of Prussia PA 19406
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2701 Renaissance Blvd Suite 200
CITY-ST-ZIP	King of Prussia, PA 19406
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2701 Renaissance Blvd Suite 200
CITY-ST-ZIP	King of Prussia PA 19406
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2701 Renaissance Blvd Suite 200
CITY-ST-ZIP	King of Prussia PA 19406
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05 (610) 765-5812