2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P01000029647

Entity Name: MEDICAL REIMBURSEMENT ADVOCATES INC.

Current Principal Place of Business:

1445 DOLGNER PLACE
SUITE 17
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1445 DOLGNER PLACE
SUITE 17
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3706737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, JULIA E
988 STONECREEK COURT
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: GRAHAM, JULIA E CEO
Address: 988 STONECREEK CT.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JULIA E GRAHAM CEO 04/29/2004

Electronic Signature of Signing Officer or Director — Date