

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000001236

FILED
Mar 27, 2012
Secretary of State

Entity Name: MEDICAL REIMBURSEMENT ADVOCATES, INC.

Current Principal Place of Business:

3895 OAKINGTON PL.
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

3895 OAKINGTON PL.
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 80-0673028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, JULIA E
3895 OAKINGTON PL.
LONGWOOD, FL 32779 US

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

OFFICERS AND DIRECTORS:

Title: DIR
Name: GRAHAM, JULIA E
Address: 3895 OAKINGTON PL.
City-St-Zip: LONGWOOD, FL 32779 US

Title: PRES
Name: GRAHAM, JULIA E
Address: 3895 OAKINGTON PL.
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP
Name: GRAHAM, JULIA E
Address: 3895 OAKINGTON PL.
City-St-Zip: LONGWOOD, FL 32779 US

Title: SEC
Name: GRAHAM, JULIA E
Address: 3895 OAKINGTON PL.
City-St-Zip: LONGWOOD, FL 32779 US

Title: TREA
Name: GRAHAM, JULIA E
Address: 3895 OAKINGTON PL.
City-St-Zip: LONGWOOD, FL 32779 US

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: JULIA E GRAHAM

PRES

03/27/2012

Electronic Signature of Signing Officer or Director

Date