FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 FEB 22 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001412951
-02/23/95--01010--014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93000065126 (3)

1. Corporation Name
MEDICAL REVIEW FOUNDATION, INC.

Principal Place of Business
RT 2 BOX 642-E
SUMMERLAND KEY FL 33042

Mailing Address
RT 2 BOX 642-E
SUMMERLAND KEY FL 33042

3. Date Incorporated or Qualified: 09/23/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0437678 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 P.O. Box 420843
Suite, Apt. #, etc
22
City & State
23 SUMMERLAND KEY FL
Zip 24 33042 Country 25

2a. Mailing Address
26 P.O. Box 420843
Suite, Apt. #, etc
27
City & State
28 SUMMERLAND KEY FL
Zip 29 33042 Country 30

9. Name and Address of Current Registered Agent

SEIBER, NETA L
9705 OVERSEAS FHIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBS, SUSAN
STREET ADDRESS	~~RT 2 BOX 642-E~~ 16540 Old State Road 4-a
CITY ST ZIP	SUMMERLAND KEY FL 33042
TITLE	D
NAME	JACOBS, BARRY
STREET ADDRESS	~~RT 2 BOX 642-E~~ 16540 Old State Road 4-a
CITY ST ZIP	SUMMERLAND KEY FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	16540 Old State Road 4-a P.O. BOX 420843 Summerland Key Fl 33042	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	16540 Old State Road 4-a P.O. BOX 420843 Summerland Key Fl 33042	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP	2-22	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Jacobs 1.31.95 3057454080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Susan Jacobs — Date — Daytime Phone #

0117030 CP