

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000065126 (3)

1. Corporation Name
MEDICAL REVIEW FOUNDATION, INC.

Principal Place of Business

24524 OVERSEAS HWY
SUMMERLAND KEY FL 33042
US

Mailing Address

P.O. BOX 420843
SUMMERLAND KEY FL 33042



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|----------------------|---|----------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 120 BEULAH ROAD N.E. | 26 | 120 BEULAH ROAD N.E. | 09/23/1993 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | SUITE 200 | 27 | SUITE 200 | 65-0437678 | |
| City & State | | City & State | | Applied For | |
| 23 | VIENNA VA | 28 | VIENNA VA. | Not Applicable | |
| 24 | 22180 | 29 | 22180 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | USA | 30 | USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| SEIBER, NETA L | | 81 Name | | | |
| 9705 OVERSEAS HIGHWAY | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| MARATHON FL 33050 | | 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACOBS, RENEE | 1.2 NAME | |
| STREET ADDRESS | 24524 OVERSEAS HWY | 1.3 STREET ADDRESS | 120 BEULAH ROAD N.E. SUITE 200 |
| CITY-ST-ZIP | SUMMERLAND KEY FL | 1.4 CITY-ST-ZIP | VIENNA VA. 22180 |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACOBS, ERIC | 2.2 NAME | |
| STREET ADDRESS | 24524 OVERSEAS HWY | 2.3 STREET ADDRESS | 120 BEULAH ROAD N.E. SUITE 200 |
| CITY-ST-ZIP | SUMMERLAND KEY FL | 2.4 CITY-ST-ZIP | VIENNA VA. 22180 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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, changed, or on an attachment with an address.

SIGNATURE:

[Signature]

3/10/98

CR2E034 (10/97)