

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000065126

1. Entity Name

MEDICAL REVIEW FOUNDATION, INC.



Principal Place of Business

120 BEULAH RD NE
STE 200
VIENNA, VA 22180 US

Mailing Address

120 BEULAH RD NE
STE 200
VIENNA, VA 22180 US

DO NOT WRITE IN THIS SPACE

07012004 No Chg-12 CR2E034 (10/03)

4. FEI Number
65-0437678

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SEIBER, NETA L
9705 OVERSEAS HIGHWAY
MARATHON, FL 33050

**DO NOT WRITE
IN THIS SPACE**

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 Agents signature required when changing)

000000162677
07/29/04-80002-002 158.75
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 507.195(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JACOBS, RENEE
120 BEULAH RD NE STE 200
VIENNA, VA 22180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JACOBS, ERIC
120 BEULAH RD NE STE 200
VIENNA, VA 22180

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

**DO NOT WRITE
IN THIS SPACE**

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 any 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 officer or trustee empowered to execute this report as required by Chapter 507, 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:

Renee Jacobs President 7/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #