Sent By: DALY&ASSOCIATES#PC; 703 506 1355;

FILED
May 01, 2008 8:00 am 2
Secretary of State
05-01-2008 90242 024 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000065126

1. Entity Name
MEDICAL REVIEW FOUNDATION, INC.

40091377

Principal Place of Business	Mailing Address
120 BEULAH RD NE STE 200 VIENNA, VA 22180 US	120 BEULAH RD NE STE 200 VIENNA, VA 22180 US

04252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
11160Cl South Lakes Dr		11160Cl South Lakes Dr	
Suite, Apt. #, etc.: Suite 802		Suite, Apt. #, etc.: Suite 802	
City & State: Reston, VA		City & State: Reston, VA	
Zip: 20191-4327	Country: Fairfax	Zip: 20191-4327	Country: Fairfax

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 FHIGHWAY
MARATHON, FL 33050

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACOBS, RENEE 120 BEULAH RD NE STE 200 VIENNA, VA 22180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11160Cl S Lakes Dr Ste 802 Reston, VA 20191-4327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JACOBS, ERIC 120 BEULAH RD NE STE 200 VIENNA, VA 22180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11160Cl S Lakes Dr Ste 802 Reston, VA 20191-4327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 receiver or trustee empowered to execute this report as required by Chapter 607, 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: ______________________ 4/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #