

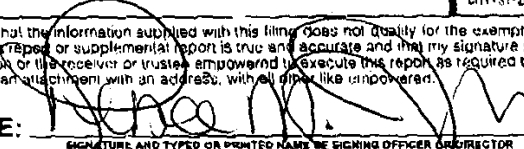
Sent By: DALY&ASSOCIATES#PC;

703 506 1355;

FILED
May 01, 2008 8:00 am
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.					
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		
2. Principal Place of Business - No P.O. Box # 11160C1 South Lakes Dr Suite, Apt. #, etc. Suite 802 City & State Reston, VA Zip 20191-4327			3. Mailing Address 11160C1 South Lakes Dr Suite, Apt. #, etc. Suite 802 City & State Reston, VA Zip 20191-4327		
Country Fairfax			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 HIGHWAY 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 _____ Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-designating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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	11160C1 S Lakes Dr Ste 802 Reston, VA 20191-4327	☒ Change ☐ Addition
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	11160C1 S Lakes Dr Ste 802 Reston, VA 20191-4327	☒ Change ☐ Addition
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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, without any like unpowered.					
SIGNATURE: 			4/26/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		