

DOCUMENT # P95000040561

1. Entity Name

MEDICAL RECORD ANALYSIS, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90016 045 ***158.75

Principal Place of Business

Mailing Address

MEDICAL RECORDS ANALYSIS, INC.
1109B 10TH STREET
ST CLOUD FL 34769

PO BOX 700516
ST CLOUD FL 34770

2. Principal Place of Business

3. Mailing Address

MEDICAL RECORDS ANALYSIS, INC.
Suite, Apt. #, etc.

MEDICAL RECORD ANALYSIS, INC.
Suite, Apt. #, etc.

1005 NEW YORK AVE.
City & State

P.O. BOX 700516
City & State

ST CLOUD, FL
Zip Country

ST CLOUD, FL
Zip Country

34769

34770



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0580670

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEMPLETON, DIANE
2430 MOCKINGBIRD AVE
ST CLOUD FL 34771

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TEMPLETON, DIANE
2430 MOCKINGBIRD AVE
ST CLOUD FL 34771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TEMPLETON, GARY
2430 MOCKINGBIRD AVE
ST CLOUD FL 34771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Templeton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY C TEMPLETON

1/2/2001

Date

407-892-6711

Daytime Phone #

CR2E034 (10/00)