

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000108356 (1)**

1. Corporation Name

MEDICAL LEGAL RECORDS REVIEW, INC.



Principal Place of Business

Mailing Address

**1001 S BAYSHORE DR #2000
MIAMI FL 33131**

**1001 S BAYSHORE DR #2000
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1997

4. FEI Number

05-0813379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4020 WOODRIDGE

2a. Mailing Address

26 4020 WOODRIDGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33133

Country

25 U.S.

Zip

29 33133

Country

30 U.S.

9. Name and Address of Current Registered Agent

**VIDAURRE, ALINA
1001 S BAYSHORE DR #2000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

4020 WOODRIDGE

83

84 City

MIAMI,

FL

85 Zip Code

33133

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

TITLE ☐ DELETE

**D
NAME VIDAURRE, ALINA
STREET ADDRESS 1001 S BAYSHORE DR #2000
CITY-ST-ZIP MIAMI FL 33131**

TITLE ☐ DELETE

**D
NAME NELSON, SANDRA L
STREET ADDRESS 1001 S BAYSHORE DR #2000
CITY-ST-ZIP MIAMI FL 33131**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME VIDAURRE, ALINA
1.3 STREET ADDRESS 4020 WOODRIDGE
1.4 CITY-ST-ZIP MIAMI, FL. 33133**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME NELSON, SANDRA L.
2.3 STREET ADDRESS 4020 WOODRIDGE
2.4 CITY-ST-ZIP MIAMI, FL. 33133**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)