

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037614

1. Entity Name

MEDREVIEW ANALYSIS INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90045 017 ***550.00

Principal Place of Business

Mailing Address

411 EAST SPRINGTREE WAY
 LAKE MARY FL 32746

P.O. BOX 953008
 LAKE MARY FL 32795-3008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3503709

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

SHARKEY, COLLEEN M
 411 E. SPRINGTREE WAY
 LAKE MARY FL 32746

Name COLLEEN SHARKEY
 Street Address (P.O. Box Number is Not Acceptable) 411 E. SPRINGTREE WAY
 City LAKE MARY FL Zip Code 32746

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 *Colleen Sharkey*

(NOTE: Registered Agent signature required when reinstating)

DATE

5-12-00

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, 2000 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 P/DIR. OF BUSINESS DEVELOPMENT NAME SHARKEY, COLLEEN STREET ADDRESS 411 E. SPRINGTREE WAY CITY-ST-ZIP LAKE MARY FL 32746	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE V.P. / DIR. OF MEDICAL CONSULTING NAME JOHN DONNELLY STREET ADDRESS 411 E. SPRINGTREE WAY CITY-ST-ZIP LAKE MARY, FL 32746	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: *Colleen Sharkey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-12-00 407-474-480

CR2E034 (9/99)