

# 2001 'UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90312 022 \*\*\*150.00

DOCUMENT # P98000037614

1. Entity Name  
MEDREVIEW ANALYSIS INC.

Principal Place of Business  
411 EAST SPRINGTREE WAY  
LAKE MARY FL 32746

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

00000073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O 940 FRAMLINGHAM CT.

3. Mailing Address

C/O 940 FRAMLINGHAM CT.

Suite, Apt. #, etc.

UNIT #100

Suite, Apt. #, etc.

UNIT #100

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

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

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

7. Name and Address of New Registered Agent

Name

COLLEEN SHARKEY

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

C/O 940 FRAMLINGHAM CT.

UNIT #100

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, COLLEEN SHARKEY

4-17-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDBD SHARKEY, COLLEEN 411 E. SPRINGTREE WAY LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDM DONNELLY, JOHN 411 E. SPRINGTREE WAY LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLLEEN SHARKEY C/O 940 FRAMLINGHAM CT. UNIT #100 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Colleen Sharkey, COLLEEN SHARKEY, 4-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-330-4804

CR25034 (10/00)