


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90020 040 \*\*\*150.00

<b>DOCUMENT # P98000073011</b> 1. Entity Name <b>MEDICAL REVIEW &amp; ANALYSIS, INC.</b>					
Principal Place of Business <b>2042 MILLS ROAD, SUITE B JACKSONVILLE, FL 32216</b>			Mailing Address <b>2042 MILLS ROAD, SUITE B JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3531133</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GOECKEL, STANLEY B 3439 DOCKSIDER DR. S. JACKSONVILLE, FL 32257</b>				7. Name and Address of New Registered Agent Name <b>Lori A. Roberts, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1538 The Greens Way Ste 103</b> City <b>Jacksonville Beach FL</b> Zip Code <b>32250</b>	
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 <u>Lori A Roberts</u> <u>Lori A Roberts</u> <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, GERALDINE B 2042 MILLS ROAD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLINGTON, NANCY R 100 ALSACE CT PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nancy R. Ellington, Vice Pres.</u> <u>3/9/05</u> <u>904-273-5018</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					