

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000073011

1. Entity Name
MEDICAL REVIEW & ANALYSIS, INC.



Principal Place of Business
2042 MILLS ROAD, SUITE B
JACKSONVILLE, FL 32216

Mailing Address
2042 MILLS ROAD, SUITE B
JACKSONVILLE, FL 32216



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3531133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, LORI A CPA
1538 THE GREENSWAY
STE 103
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, GERALDINE B
STREET ADDRESS 2042 MILLS ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE PD
NAME ELLINGTON, NANCY R
STREET ADDRESS 100 ALSACE CT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

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03/07/06-80073-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Nancy R. Ellington 2/22/06 904-273-5018
Signature typed or printed name of signing officer or director Date Daytime Phone