2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P98000073011

1. Entity Name
MEDICAL REVIEW & ANALYSIS, INC.

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

04092007 · 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80009-003 150.00

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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: Nancy R. Ellington Nancy R. Ellington 4/9/07 904-273-5018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #