

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90078 008 \*\*\*150.00

**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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3531133**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOECKEL, STANLEY B**  
**3439 DOCKSIDER DR. S.**  
**JACKSONVILLE FL 32257**

Name

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

City

**FL**

Zip Code

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/12/03**

Date

**904-724-7067**

Daytime Phone #

CR2E034 (4/03)

*Attachment*

8038330  
P98000073011

*Medical Review & Analysis, Inc.*

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*Legal Nurse Consulting Services*

Geraldine B. Johnson, RN, BSN  
Nancy R. Ellington, RN, BS

Office: 904-722-3200  
Fax: 904-543-8060

August 12, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Re: 2003 Uniform Business Report

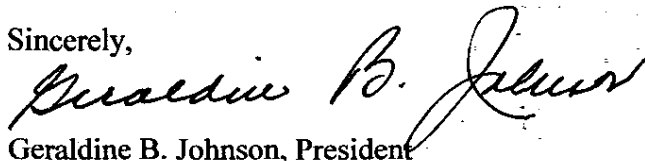
Dear Sirs:

This is to advise that the 2003 For Profit Corporation Uniform Business Report has just been received and no prior notification for this business has been received.

Enclosed is the original filing fee of \$ 150.00 and I am requested that you waive the late fee since no prior notice was received.

Thank you for assistance in the matter and please advise.

Sincerely,



Geraldine B. Johnson, President