

1.) CORPORATION NAME:

**MGEN Services Corp.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **5/31/2011**

SCC ID NO: **F1508839**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 RIVERSIDE AVE

CITY/ST/ZIP: JACKSONVILLE, FL 32204-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN CROWLEY  
TITLE: PRESIDENT  
ADDRESS: 601 RIVERSIDE AV  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: DANIEL K MURPHY  
TITLE: TREASURER  
ADDRESS: 601 RIVERSIDE AV  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: ANTHONY J PARK  
TITLE: EVP/CFO  
ADDRESS: 601 RIVERSIDE AVE  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: MICHAEL L GRAVELLE  
TITLE: SECRETARY  
ADDRESS: 601 RIVERSIDE AVE  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: MADELINE LOVEJOY  
TITLE: AVP/AS  
ADDRESS: 2510 N REDHILL AVE  
CITY/ST/ZIP/CO: SANTA ANA, CA 92705-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MADELINE LOVEJOY	MADELINE LOVEJOY, AVP/AS	4/11/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.