

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 480588

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL SERVICE AGENTS, INC.

**Current Principal Place of Business:**

19 WEST FLAGLER STREET  
SUITE 711  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

19 WEST FLAGLER STREET  
SUITE 711  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 59-1642480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REDLUS, BURT E PD  
19 WEST FLAGLER STREET  
STE 711  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REDLUS, BURT E  
Address: 19 W FLAGLER ST, #711  
City-St-Zip: MIAMI, FL 33130

Title: VD  
Name: REDLUS, CAROLE M VD  
Address: 19 W FLAGLER ST #711  
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BURT E REDLUS

PRES

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date