

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Nancy B. Moulton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J31653**

(5)

MEDICAL REVIEW SERVICE, INC.



1. Registered Office
1054 SHADY LAKES CIRCLE
PALM BEACH GARDENS FL 33418
US

2. Mailing Address
PO BOX 30144
PALM BEACH GARDENS FL 33420
US

2. Principal Place of Business
21 **5 CAMBRIA ROAD**
22
23 **Palm Beach Gardens, FL**
24 **33418** 25 **USA**

2a. Mailing Address
26
27
28
29
30

3. Date Incorporated or Qualified **09/04/1986**
3a. Date of Last Report **01/20/1995**
4. FEI Number **59-2739914**
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
7. This corporation is a liability guarantor for tax under S. 199(1)(2) Florida Statutes Yes No

Applied For:
Not Applicable:
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
LANE, C. PAGE
GROVE PLAZA
2900 S.W. 28TH TERRACE
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. I, the undersigned, president of the corporation, certify that the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accepting the appointment as registered agent. I am not a director and accept the obligations of the new registered agent, Florida Statutes.

12. OFFICERS AND DIRECTORS

DP	[] OFFICER
BLOMQUIST, KATHERINE S.	
1054 SHADY LAKE CIRCLE	
PALM BEACH GRDSN.FL	
V	[] OFFICER
BLOMQUIST, ERIK J.III	
1054 SHADY LAKE CIRCLE	
PALM BEACH GRDSN.FL.	
T	[] OFFICER
BLOMQUIST, ERIK J. III	
1054 SHADY LAKE CIRCLE	
PALM BCH GRDNS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1. NAME	[] Change [] Addition
2. ADDRESS	[] Change [] Addition
3. NAME	[] Change [] Addition
4. ADDRESS	[] Change [] Addition
5. NAME	[] Change [] Addition
6. ADDRESS	[] Change [] Addition
7. NAME	[] Change [] Addition
8. ADDRESS	[] Change [] Addition
9. NAME	[] Change [] Addition
10. ADDRESS	[] Change [] Addition

14. I, the undersigned, certify that the information supplied with this Report voluntarily furnished and downloaded for the exemption stated in Section 199(2)(b) Florida Statutes. I further certify that the information furnished on this annual report is complete and correct as true and accurate and that my signature shall have the same legal effect as if it was under oath. I am a director of the corporation or the registered agent and have exercised the exercise of my report as required by Chapter 607, Florida Statutes, and that my name appears on the 1996 Annual Report.

SIGNATURE: *Erik J. Blomqvist*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96 (407) 627-5793

CR2E034 (12/95)