

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 JAN 29 PM 1:26

DOCUMENT # **K50506** (0)
1. Corporation Name
PHYSICIANS MEDICAL REVIEWERS, INC.

Principal Place of Business Mailing Address
150 FORTENBERRY RD VILLA E MERRITT ISLAND FL 32952 US

2. Principal Place of Business 2a. Mailing Address
21 **699 W. Cocoa Beach Causeway** 26 **699 W. Cocoa Beach Causeway**
22 **404** 27 **404**
23 **Cocoa Beach, FL** 28 **Cocoa Beach, FL**
24 **32931** 25 **US** 29 **32931** 30 **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/12/1988** 3a. Date of Last Report **01/31/1994**

4. FEI Number **59-2921019** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PEEPLES, JAMES W., III
505 NORTH ORLANDO AVENUE
COCOA BEACH FL 32932-0757**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (PRINT NAME OF REGISTERED AGENT AND TITLE) DATE _____ (DATE REGISTERED AGENT SIGNATURE REQUIRED WHEN RE-REGISTERING)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STALNAKER, JEFFREY C.
STREET ADDRESS	2445 SR 584 STE B
CITY - ST - ZIP	PALM HARBOR FL
TITLE	VP
NAME	MEYER, HENRY A.
STREET ADDRESS	2445 SR 584 STE B
CITY - ST - ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related in Section 199.03(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be enforceable. 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jeffrey Stalaker* **Jeffrey Stalaker** 1/13/95 407-784-8363
NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR