

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21680

FILED
Apr 29, 2005
Secretary of State

Entity Name: MEDICAL RECORD SERVICES, INC.

Current Principal Place of Business:

P. O. BOX 7218
PT. ST. LUCIE, FL 34985

New Principal Place of Business:

420 N.W. MARKET PLACE
PT. ST. LUCIE, FL 34986 US

Current Mailing Address:

P. O. BOX 7218
PT. ST. LUCIE, FL 34985

New Mailing Address:

P. O. BOX 7218
PT. ST. LUCIE, FL 34985 US

FEI Number: 59-2969290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAY, ALISSA Y PRESIDE
1969 MICHELANGELO AVE.
PT. ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

LAY, ALISSA Y PRESIDE
1969 S. W. MICHELANGELO AVE.
PT. ST. LUCIE, FL 34953 US

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: ALISSA Y. LAY

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: LAY, ALISSA Y
Address: 1969 MICHELANGELO AVE.
City-St-Zip: PT. ST. LUCIE, FL 34953

Title: V () Delete
Name: LAY, DAVID . R
Address: 4485 SW BABYLON ST.
City-St-Zip: PT. ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: LAY, ALISSA Y
Address: 1969 S. W. MICHELANGELO AVE.
City-St-Zip: PT. ST. LUCIE, FL 34953 US

Title: V (X) Change () Addition
Name: LAY, DAVID R
Address: 4485 S.W. BABYLON ST.
City-St-Zip: PT. ST. LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALISSA Y. LAY

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date