

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21680

FILED
Apr 09, 2006
Secretary of State

Entity Name: MEDICAL RECORD SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 S. W. MICHELANGELO AVE.
PT. ST. LUCIE, FL 34953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

P

04/09/2006

Electronic Signature of Signing Officer or Director

Date