FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

*APPROVED AND FILED

95 MAR 10 PM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66963 (7)

1. Corporation Name
FORENSIC MEDICAL REVIEWERS, INC.

Principal Place of Business	Mailing Address
3840 MARINERS WAY SUITE 523 CORTEZ FL 34215-2533	3840 MARINERS WAY SUITE 523 CORTEZ FL 34215-2533

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/18/1991
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 213 E. Monroe St.	26 217 FAIRWAYS DR.
Suite, Apt. #, etc. 22 Left 1/2	Suite, Apt. #, etc. 27
City & State 23 Thomasville, GA	City & State 28 Thomasville, GA
Zip 24 31792 Country 25 USA	Zip 29 31792 Country 30 USA

4. FEI Number: 65-0282771 ☐ 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	10. Name and Address of New Registered Agent
SHAFFER, SUE P. 3840 MARINERS WAY SUITE 523 CORTEZ FL 33522	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: X Sue P. Shaffer 3/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	SHAFFER, SUE P.	1.2 NAME	Brice W. Korsh	
STREET ADDRESS	3840 MARINERS WAY S-523	1.3 STREET ADDRESS	214 FAIRWAYS DR.	
CITY-ST-ZIP	CORTEZ FL	1.4 CITY-ST-ZIP	Thomasville, GA 31792	
TITLE	VT	2.1 TITLE		☒ Change ☐ Addition
NAME	HAGEN, JOHN G.	2.2 NAME	John Hagen	
STREET ADDRESS	3840 MARINERS WAY S-523	2.3 STREET ADDRESS	no longer w/ company	
CITY-ST-ZIP	CORTEZ FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	VANN, THOMAS H, JR.	3.2 NAME	Frances M. Korsh	
STREET ADDRESS	218 EAST JACKSON STREET	3.3 STREET ADDRESS	860 Moorhead Cir. #2-F	
CITY-ST-ZIP	THOMASVILLE GA	3.4 CITY-ST-ZIP	Boulder, CO. 80303	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/7/95 (912) 228-7090
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR Date Daytime Phone #

0484932 FP