

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 480588

**Entity Name:** MEDICAL SERVICE AGENTS, INC.

**Current Principal Place of Business:**

19 WEST FLAGLER STREET  
SUITE 711  
MIAMI, FL 33130

**Current Mailing Address:**

19 WEST FLAGLER STREET  
SUITE 711  
MIAMI, FL 33130

**FEI Number:** 59-1642480

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REDLUS, BURT EPD  
19 WEST FLAGLER STREET  
STE 711  
MIAMI, FL 33130 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	VD
Name	REDLUS, BURT E	Name	REDLUS, CAROLE MVD
Address	19 W FLAGLER ST, #711	Address	19 W FLAGLER ST #711
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*I hereby 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 all other like empowered.*

**SIGNATURE:** BURT E REDLUS

**PRESIDENT**

**04/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date