above, or on an attachment with all other like empowered.

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:

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

Entity Name: MEDICAL SERVICE AGENTS, INC. **Current Principal Place of Business:** 

**19 WEST FLAGLER STREET** SUITE 711 MIAMI, FL 33130

**DOCUMENT# 480588** 

## **Current Mailing Address:**

**19 WEST FLAGLER STREET** SUITE 711 MIAMI, FL 33130

### FEI Number: 59-1642480

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

FILED Apr 26, 2014 Secretary of State CC5299858353

Date

Certificate of Status Desired: No

04/26/2014

Date

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

PRESIDENT

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT