

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L80573

**Entity Name:** BENEFIT REVIEW SERVICE, INC.

**Current Principal Place of Business:**

368 NE 195TH STREET  
MIAMI, FL 33179

**Current Mailing Address:**

P. O. BOX 601173  
NORTH MIAMI BEACH, FL 33160

**FEI Number:** 65-0204970

**Certificate of Status Desired:** No

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

HUBERMAN, RICHARD  
368 NE 195TH STREET  
MIAMI, FL 33179 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 PSD  
Name HUBERMAN, RICHARD  
Address 368 NE 195TH STREET  
City-State-Zip: MIAMI FL 33179

*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:** RICHARD HUBERMAN

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date