

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000103191

**Entity Name:** MED RISK MANAGEMENT SERVICES INC

**Current Principal Place of Business:**

131 ANCHOR DR  
PONCE INLET, FL 32127

**Current Mailing Address:**

131 ANCHOR DR  
PONCE INLET, FL 32127 US

**FEI Number: 27-4422746**

**Certificate of Status Desired: No**

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

MOCH, THOMAS  
4276 STEED TERRACE  
WINTER PARK, FL 32792 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            PRES  
Name            PEIMAN, NATHANIEL  
Address        4276 STEED TERRACE  
City-State-Zip: WINTER PARK FL 32792

Title            VP  
Name            MOCH, THOMAS  
Address        4276 STEED TERRACE  
City-State-Zip: WINTER SPRINGS FL 32792

*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: NATHANIEL PEIMAN**

**CEO**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date