2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90083 025 ***150.00

Principal Pince of Business 3003 BR FREEWY, SUTE 100 DALAS, TX 75234 2. Principal Pince of Business (_Same_)	1. Entity Name EXAMINATION MANAGEMENT SERVICES, INC.											_	
2. Principal Piece of Business	Principal Place of Business			Mailino Address						940	13907	Ô	
Same	3003 LBJ FREEWAY, SUITE 100			3003 LBJ FREEWAY, SUITE 100				. raali es Hu					
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Type Country Sip Country Sip Country Sip Country Sip Country S. Certificate of Satus Desired Special See Servative Registered Agent 7. Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL 33324 Street Address (F.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) FL Xip Code City FL Xip Code City FL Xip Code Street May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Added to Fees FEL NOWILI FEE IS \$150.00 Added to Fees The Address of New Registered Agent with a name and address of New Registered Agent Address (F.O. Box Number is Not Acceptable) FLE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Added to Fees The Address of New Registered Agent with a name and address of New Registered Agent Street Address (F.O. Box Number is Not Acceptable) FLE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees FL Xip Code FL Xip Code FL Xip Code Added to Fees Ad										OFIZED	<u> </u>		
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COURPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above ramed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rodica. I am familiar with, and accept the obligations of registered agent and registered agent. SIGNATURE n / d	6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered /	Agent		
SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rodda. I am familiar with, and accept the obligations of registered agent. SIGNATURE N / a	C T CORDORATION SYSTEM					Name	(sam	e)					
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE N A	1200 SOUTH PINE ISLAND ROAD												
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. I	FLANIAII	ON, FL 3	3324		[
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### Added to Fees ### Added to Fees 10.	ļ -	Signature, typed	of printed name of registered agent a	nd title if applicable. (INO 15	:: Неујізівгесі	Agent signatur	e tecinican	when reinstating)			·		
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Renee Larsen