2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001804

City-St-Zip:

WARREN, MI 48091

Entity Name: MEDICAL EVALUATION SPECIALISTS, INC.

FILED Jul 11, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2080 W. INDIANTOWN ROAD SUITE 400 JUPITER, FL 33458				5110 EISENHOWER BLVD, STE 140 140 TAMPA, FL 33634		
Current Mailing Address:				New Mailing Address:		
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2080 W. INDIANTOWN ROAD SUITE 400 JUPITER, FL 33458				3000 RICHMOND AVE, STE 440 STE. 440 HOUSTON, TX 77098		
FEI Number:	Number: 38-3132995 FEI Number Applied For ()		FEI Numi	El Number Not Applicable ()		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD				
	named entity e of Florida.	submits this statement for the	purpose of	changing i	ts registered	office or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	ot receive th	e prior notic	e.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	COHAN, J. PAT	ND AVE. SUITE 440	1	Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	DURIO, GREG	ROAD STREET SUITE 05W	1	Title: Name: Address: City-St-Zip:	DURIO, GREG	ND AVE. STE 440
Title: Name: Address: City-St-Zip:	ORR, SCOTT J 425 UNIVERSI SACRAMENTO	TY AVENUE, SUITE 140 , CA 92825	1	Title: Name: Address: City-St-Zip: Title:	· ·) Change () Addition
Title: Name: Address:	CHARTER, JOS) Delete SEPH P EVAN MILE ROAD	į	i itie: Name: Address:	() Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH P. CHARTIER T 07/11/2007