2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F06000001804

Entity Name: MEDICAL EVALUATION SPECIALISTS, INC.

Current Principal Place of Business:

5110 EISENHOWER BLVD, STE 140
140
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

9400 GROGANS MILL RD
STE. 305
THE WOODLANDS, TX 77380

New Mailing Address:

FEI Number: 38-3132995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: COHAN, J. PATRICK
Address: 9400 GROGANS MILL RD # 305
City-St-Zip: THE WOODLANDS, TX 77380

Title: P ( ) Delete
Name: MELEEDY, TIMOTHY
Address: 9400 GROGANS MILL RD # 305
City-St-Zip: THE WOODLANDS, TX 77380

Title: S ( ) Delete
Name: ORR, SCOTT J
Address: 425 UNIVERSITY AVENUE, SUITE 140
City-St-Zip: SACRAMENTO, CA 92825

Title: T ( ) Delete
Name: CHARTER, JOSEPH P
Address: 5700 EAST ELEVAN MILE ROAD
City-St-Zip: WARREN, MI 48091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CHARTER, JOSEPH P
Address: 5700 EAST ELEVEN MILE ROAD
City-St-Zip: WARREN, MI 48091

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.

SIGNATURE: J PATRICK COHAN CHRM 01/15/2009

Electronic Signature of Signing Officer or Director — Date