

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001804

FILED  
Apr 29, 2011  
Secretary of State

**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 #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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: JOSEPH P. CHARTIER

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04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date