

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007146

FILED
Apr 24, 2007
Secretary of State

Entity Name: PHYSICIANS REVIEW NETWORK, INC.

Current Principal Place of Business:

477 MADISON AVE SUITE 210
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

477 MADISON AVE SUITE 210
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 11-3728350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERSTATE DOCUMENT FILINGS INCORPORATED
1574 VILLAGE SQUARE BLVD. SUITE 100
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

INTERSTATE DOCUMENT FILINGS INCORPORATED
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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: MARGE O. GRIMALDI, PRESIDENT

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: YOUNG, JEFF DR.
Address: 477 MADISON AVE SUITE 210
City-St-Zip: NEW YORK, NY 10022

Title: ST () Delete
Name: CANGIANO, STEVEN DR
Address: 477 MADISON AVE SUITE 210
City-St-Zip: NEW YORK, NY 10022

Title: VPD () Delete
Name: SILANO, JOHN
Address: 477 MADISON AVE SUITE 210
City-St-Zip: NEW YORK, NY 10022

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF YOUNG

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date