

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

DOCUMENT # F06000007178

1. Entity Name

CROSSLAND MEDICAL REVIEW SERVICES INC



05-03-2007 90075 001 *****8.75

05-03-2007 90075 002 ***150.00

Principal Place of Business

4300 S US HIGHWAY #1
STE 203-352
JUPITER FL 33477

Mailing Address

6901 JERICHO TURNPIKE
SUITE 230
SYOSSET NY 11791



2. Principal Place of Business - No P.O. Box #

15310 Amberly Drive
Suite, Apt. #, etc.
250

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

TAMPA, Florida

City & State

4. FEI Number 06-1650209

Applied For
Not Applicable

Zip

33647

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLANSKY, PAUL
4300 S US HIGHWAY #1
STE 203-352
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

PAUL Slansky

Street Address (P.O. Box Number is Not Acceptable)

15310 Amberly Drive

Suite 250

City

Tampa

FL

Zip Code

33647

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent or holder not applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4/17/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|---------------------------------|
| TITLE | PC | <input type="checkbox"/> Delete |
| NAME | SLANSKY, FRAN | |
| STREET ADDRESS | 6901 JERICHO TURNPIKE, STE. 230 | |
| CITY - ST - ZIP | SYOSSET NY 11791 | |
| TITLE | VCV | <input type="checkbox"/> Delete |
| NAME | SLANSKY, PAUL | |
| STREET ADDRESS | 6901 JERICHO TURNPIKE | |
| CITY - ST - ZIP | SYOSSET NY 11791 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07

516-677-1100