

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000446

FILED  
Jun 13, 2011  
Secretary of State

**Entity Name:** NETWORK MEDICAL REVIEW COMPANY INC

**Current Principal Place of Business:**

605 FULTON AVE SUITE 2002  
ROCKFORD, IL 61103

**New Principal Place of Business:**

**Current Mailing Address:**

605 FULTON AVE SUITE 2002  
ROCKFORD, IL 61103

**New Mailing Address:**

3280 PEACHTREE ROAD  
SUITE 2625  
ATLANTA, GA 30305

**FEI Number:** 36-4041877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATSCH, WALTER  
3399 JOG PARK DR  
GREENACRES, FL 33467 US

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
C/O CT CORPORATION SYSTEM  
PLANTATION, FL 33324 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: CRYTAL PATMORE

06/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: PERLMAN, RICHARD E  
Address: 3280 PEACHTREE ROAD SUITE 2625  
City-St-Zip: ATLANTA, GA 30305

Title: CEO  
Name: JAMES, PRICE K  
Address: 3280 PEACHTREE ROAD SUITE 2625  
City-St-Zip: ATLANTA, GA 30305

Title: P  
Name: PORTER, ROBERT C MD  
Address: 605 FULTON AVE SUITE 2002  
City-St-Zip: ROCKFORD, IL 61103

Title: CFO  
Name: FERNANDEZ DE CASTRO, J. MIGUEL  
Address: 3280 PEACHTREE ROAD SUITE 2625  
City-St-Zip: ATLANTA, GA 30305

Title: VP  
Name: PATMORE, CRYSTAL  
Address: 3280 PEACHTREE ROAD SUITE 2625  
City-St-Zip: ATLANTA, GA 30305

Title: VP  
Name: ARGUEDAS, CLARE  
Address: 3280 PEACHTREE ROAD SUITE 2625  
City-St-Zip: ATLANTA, GA 30305

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: CRYSTAL PATMORE

VP

06/13/2011

Electronic Signature of Signing Officer or Director

Date