## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000000446

Entity Name: NETWORK MEDICAL REVIEW COMPANY INC

FILED Apr 19, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

605 FULTON AVE SUITE 2002 3280 PEACHTREE ROAD ROCKFORD, IL 61103 SUITE 2625

ATLANTA, GA 30305

Current Mailing Address: 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: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CEO

Name: PRICE, JAMES K

Address: 3280 PEACHTREE ROAD SUITE 2625

City-St-Zip: ATLANTA, GA 30305

Title: F

Name: CAMPBELL, WESLEY

Address: 3280 PEACHTREE ROAD SUITE 2625

City-St-Zip: ATLANTA, GA 30305

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: VPS

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: CLARE ARGUEDAS VPS 04/19/2012