FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)J31653 MEDICAL REVIEW SERVICE, INC. Principal Place of Business Mailing Address 5 CAMBRIA ROAD PO BOX 30144 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33420 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1986 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 59-2739914 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LANE, C. PAGE GROVE PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) 2900 S.W. 28TH TERRACE 83 MIAMI FL 33133 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE BLOMQVIST, KATHERINE S. 1.2 NAME NAME 32E034 1054 SHADY LAKE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GRDSN.FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BLOMQVIST, ERIK J.III NAME 2.2 NAME 1054 SHADY LAKE CIRCLE STREET ADORESS 2.3 STREET ADDRESS PALM BEACH GRDSN.FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition NAME BLOMQVIST, ERIK J. III 1054 SHADY LAKE CIRCLE 3.3 STREET ADDRESS STREET ADDRESS PALM BCH GRDNS FL CITY - ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed of on an electricant with an address.

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