

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90057 050 ***150.00

0969763

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J31653

1. Corporation Name
MEDICAL REVIEW SERVICE, INC.



Principal Place of Business 5 CAMBRIA ROAD PALM BEACH GARDENS FL 33418 US	Mailing Address PO BOX 30144 PALM BEACH GARDENS FL 33420 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/04/1986

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

4. FEI Number
59-2739914

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

~~LANE G. PAGE~~
GROVE PLAZA
2900 S.W. 28TH TERRACE
MIAMI FL 33133

Eric J. Blomqvist
5 Cambria Road E
Palm Beach Gardens
FLA 33418

10. Name and Address of New Registered Agent

81 Name
~~XXXXXXXXXXXX~~

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

83 ~~XXXXXXXXXXXX~~

84 City
~~XXXXXXXX~~ FL 85 Zip Code
~~XXXXXX~~ **33418**

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: *Eric J. Blomqvist* DATE: **1/19/99**

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLOMQUIST, KATHERINE S.	
STREET ADDRESS	1054 SHADY LAKE CIRCLE	
CITY-ST-ZIP	PALM BEACH GRDSN.FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLOMQUIST, ERIK J.III	
STREET ADDRESS	1054 SHADY LAKE CIRCLE	
CITY-ST-ZIP	PALM BEACH GRDSN.FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BLOMQUIST, ERIK J. III	
STREET ADDRESS	1054 SHADY LAKE CIRCLE	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5 CAMBRIA ROAD E	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	5 CAMBRIA ROAD E	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, or on an attachment, and an address, with all other like empowered.

SIGNATURE: *Eric J. Blomqvist* DATE: **1/19/99** DAYTIME PHONE #: **561 627 5793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)