


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J31653
 1. Entity 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**



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-2739914**
 Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOMQVIST, ERIK J
 5 CAMBRIA RD E
 PALM BEACH GARDENS FL 33418**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Erik J. Blomqvist* **no change.**
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOMQVIST, KATHERINE S. 5 CAMBRIA RD E PALM BEACH GARDENS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLOMQVIST, ERIK J. III 5 CAMBRIA RD E PALM BCH GRDNS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000032948 02/05/04-80023-025 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 and all other like empowered **ERIK J. BLOMQVIST**

SIGNATURE: *Erik J. Blomqvist* **VT** **1/31/04** **561 627 5793**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #