

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31653

FILED
Jul 14, 2008
Secretary of State

Entity Name: MEDICAL REVIEW SERVICE, INC.

Current Principal Place of Business:

5 CAMBRIA ROAD
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 30144
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

FEI Number: 59-2739914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLOMQVIST, KATHERINE, S.
Address: 5 CAMBRIA RD E
City-St-Zip: PALM BEACH GARDENS, FL

Title: VT () Delete
Name: BLOMQVIST, ERIK J. I, II
Address: 5 CAMBRIA RD E
City-St-Zip: PALM BCH GRDNS, FL

Title: V () Delete
Name: BLOMQVIST, ERIK JONAS OVP
Address: 112 POWELL LANE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BLOMQVIST, KATHERINE, S.
Address: 5 CAMBRIA RD E
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VT (X) Change () Addition
Name: BLOMQVIST, ERIK J.,
Address: 5 CAMBRIA RD E
City-St-Zip: PALM BCH GRDNS, FL 33418

Title: V (X) Change () Addition
Name: BLOMQVIST, ERIK JONAS OVP
Address: 3408 WEST COMMUNITY DRIVE
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERIK J. BLOMQVIST

VT

07/14/2008

Electronic Signature of Signing Officer or Director

Date