

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31653

FILED  
Feb 17, 2010  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** BLOMQVIST, KATHERINE S.  
**Address:** 5 CAMBRIA RD E  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** VT  
**Name:** BLOMQVIST, ERIK J.  
**Address:** 5 CAMBRIA RD E  
**City-St-Zip:** PALM BCH GRDNS, FL 33418

**Title:** V  
**Name:** BLOMQVIST, ERIK JONAS OVP  
**Address:** 3408 WEST COMMUNITY DRIVE  
**City-St-Zip:** JUPITER, FL 33458

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:** ERIK J BLOMQVIST

VT

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date