2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42282

Entity Name: MSC-MEDICAL SERVICES COMPANY

FILED Jul 08, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	RCO BEACH D VILLE, FL 3222			
Current Mailing Address:			New Mailing Address:	
STE 1	RCO BEACH D VILLE, FL 3222			
FEI Number:	59-2997634	FEI Number Applied For () FEI Nu	ımber Not Appli	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
1301 GULF STE. 2254,	. HAMILTON FLIFE DRIVE GULF LIFE TO VILLE, FL 3220			
The above in the State		ubmits this statement for the purpose	of changing it	s registered office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Agent Date				
		(2)(b), F.S., the corporation did not receive Trust Fund Contribution ().	the prior notice	е.
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST () TAYLOR, ROBE 908 NEPTUNE L NEPTUNE BCH,	ANE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition TAYLOR, ROBERT, 908 NEPTUNE LANE NEPTUNE BCH, FL
Title: Name: Address: City-St-Zip:	DVP () TAYLOR, E.J., 908 NEPTUNE L NEPTUNE BCH,		Title: Name: Address: City-St-Zip:	D (X) Change () Addition TAYLOR, E.J., 908 NEPTUNE LANE NEPTUNE BCH, FL
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	PD () Change (X) Addition BUNKER, ROBERT 11764 MARCO BEACH DRIVE, SUITE 1 JACKSONVILLE, FL 32224
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition MOORE, DAVID 11764 MARCO BEACH DRIVE, SUITE 1 JACKSONVILLE, FL 32224
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition HOFSTETTER, RONALD 11674 MARCO BEACH DRAIVE, SUITE 1 JACKSONVILLE, FL 32224
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition OLSEN, DAVID 11764 MARCO BEACH DRIVE, SUITE 1 JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT BUNKER D 07/08/2004