

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42282

FILED
May 17, 2007
Secretary of State

Entity Name: M S C - MEDICAL SERVICES COMPANY

Current Principal Place of Business:

11764 MARCO BEACH DR STE 1
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

11764 MARCO BEACH DR
STE 1
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-2997634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANKERMAN, SENTERPITT
C/O BENJAMIN SHARKEY
50 N LAURA ST STE 2500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

SHARKEY, BENJAMIN
C/O AKERMAN SENTERFITT
50 N LAURA ST STE 2500
JACKSONVILLE, FL 32202 US

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: BENJAMIN SHARKEY

05/17/2007

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: PCEO () Delete
Name: DELANEY, JOSEPH
Address: 11764-1 MARCO BEACH DR
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D () Delete
Name: MACDONALD, KEVIN A
Address: TWO CANAL PARK, 4TH FLOOR
City-St-Zip: CAMBRIDGE, MA 02141 US

Title: D () Delete
Name: CALHOUN, ROBERT B
Address: TWO CANAL PARK, 4TH FLOOR
City-St-Zip: CAMBRIDGE, MA 02141 US

Title: SVPC () Delete
Name: JENSEN, GARY
Address: 11764-1 MARCO BEACH DR
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP () Delete
Name: DOCTOROFF, ADAM
Address: TWO CANAL PARK, 4TH FLOOR
City-St-Zip: CAMBRIDGE, MA 02141 US

Title: SEC () Delete
Name: EVANS, APRIL
Address: TWO CANAL PARK, 4TH FLOOR
City-St-Zip: CAMBRIDGE, MA 02141 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH DELANEY

P

05/17/2007

Electronic Signature of Signing Officer or Director

Date