

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024178

FILED
Apr 25, 2006
Secretary of State

Entity Name: MEDICAL PEER REVIEW SERVICES, LLC

Current Principal Place of Business:

1795 NETTINGTON CT
JACKSONVILLE, FL 32246

New Principal Place of Business:

12757 MARSH COVE DRIVE SOUTH
JACKSONVILLE, FL 32224

Current Mailing Address:

1795 NETTINGTON CT
JACKSONVILLE, FL 32246

New Mailing Address:

12757 MARSH COVE DRIVE SOUTH
JACKSONVILLE, FL 32224

FEI Number: 20-2506168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNE, MICHAEL
1795 NETTINGTON CT
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

FINNE, MICHAEL
12757 MARSH COVE DRIVE SOUTH
JACKSONVILLE, FL 32224 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:

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FINNE, MICHAEL
Address: 1795 NETTINGTON CT
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FINNE, MICHAEL
Address: 12757 MARSH COVE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL H FINNE

MGR

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date