

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102374

FILED
Jan 07, 2007
Secretary of State

Entity Name: MEDICAL REVIEW SERVICE, LLC

Current Principal Place of Business:

5 CAMBRIA ROAD EAST
C/O ERIK J. BLOMQVIST
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5 CAMBRIA ROAD EAST
C/O ERIK J. BLOMQVIST
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-5751371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFT, STUART J ESQ.
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

BLOMQVIST, ERIK J
5 CAMBRIA ROAD EAST
PALM BEACH GARDENS, FL 33418 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: ERIK J. BLOMQVIST

01/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLOMQVIST, ERIK J
Address: 5 CAMBRIA ROAD EAST
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: BLOMQVIST, KATHERINE S
Address: 5 CAMBRIA ROAD EAST
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

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 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: ERIK J. BLOMQVIST

MGRM

01/07/2007

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