2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# L67047

Entity Name: PHYSICIANS MEDICAL REVIEWERS OF BREVARD, INC.

Current Principal Place of Business:

699 W. COCOA BEACH CAUSEWAY
SUITE 403
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

699 W. COCOA BEACH CAUSEWAY
SUITE 403
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-3003770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIELVOGEL, LEONARD
101 SOUTH COURTENAY PARKWAY
SUITE 201
MERRITT ISLAND, FL 32952 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: DPT ( ) Delete
Name: STALNAKER, JEFFREY C, .
Address: 245 STEWART DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: STALNAKER, JEFFREY C
Address: 699 WEST COCOA BEACH CAUSEWAY; SUITE 403
City-St-Zip: COCOA BEACH, FL 32931

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: JEFFREY STALNAKER DPT 01/06/2004

Electronic Signature of Signing Officer or Director Date