

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67047

FILED
Jan 05, 2007
Secretary of State

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:

150 FORTENBERRY RD
VILLA C
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

1085 HWY A1A
UNIT 1602
SATELLITE BEACH, FL 32937 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:

NASH, CHARLES
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901 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: 1085 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date