2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# L67047

Entity Name: PHYSICIANS MEDICAL REVIEWERS OF BREVARD, INC.

Current Principal Place of Business:

150 FORTENBERRY RD
VILLA C
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

4888 ALAMANDA DRIVE
MELBOURNE, FL 32940 US

Current Mailing Address:

1085 HWY A1A
UNIT 1602
SATELLITE BEACH, FL 32937 US

New Mailing Address:

P.O. BOX 372580
SATELLITE BEACH, FL 32937 US

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 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 DPT 01/17/2009

Electronic Signature of Signing Officer or Director Date