2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# P00000114475

Entity Name: MEDICAL RESOURCE SERVICES, INC.

Current Principal Place of Business:

7616 SOUTLAND BLVD
102
ORLANDO, FL 32809

New Principal Place of Business:

7616 SOUTHLAND BLVD
SUITE 102
ORLANDO, FL 32809

Current Mailing Address:

P.O BOX 678086
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 65-1063737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, CHRIS
7616 SOUTLAND BLVD #102
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

SMITH, CHARLES C
7616 SOUTHLAND BLVD
SUITE 102
ORLANDO, FL 32809 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: CHARLES C. SMITH 05/03/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SMITH, CHRIS
Address: 7616 SOUTLAND BLVD #102
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete
Name: FRIEDLAND, JAMES M
Address: 7616 SOUTLAND BLVD #102
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SMITH, CHARLES C
Address: 7616 SOUTHLAND BLVD #102
City-St-Zip: ORLANDO, FL 32809

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 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: CHARLES C. SMITH P 05/03/2005
Electronic Signature of Signing Officer or Director Date