2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000014302

Entity Name: MEDICAL INTERPRETATION SERVICES, INC.

Current Principal Place of Business:

1603 W COPANS RD, STE 8
POMPANO BEACH, FL 33064

New Principal Place of Business:

3235 NE 184TH STREET
11102
AVENTURA, FL 33160

Current Mailing Address:

1603 W COPANS RD, STE 8
POMPANO BEACH, FL 33064

New Mailing Address:

3235 NE 184TH STREET
11102
AVENTURA, FL 33260 US

FEI Number: 65-1073375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPRIMO, PETER JOHN
1603 W COPANS RD, STE 8
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

LOPRIMO, PETER JOHN
3232 NE 184TH STREET
11102
AVENTURA, FL 33160 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: PETER JOHN LOPRIMO 04/25/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: LOPRIMO, PETER JOHN
Address: 6001 N FALLS CIRCLE DR, BLD #9, APT #109
City-St-Zip: LAUDERHILL, FL 33319 US

Title: SEC ( ) Change (X) Addition
Name: LOPRIMO, PETER JOHN
Address: 6001 N FALLS CIRCLE DR, BLD #9, APT #109
City-St-Zip: LAUDERHILL, FL 33319 US

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: PETER JOHN LOPRIMO PRES 04/25/2002
Electronic Signature of Signing Officer or Director Date