

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014302

FILED
Apr 26, 2005
Secretary of State

Entity Name: MEDICAL INTERPRETATION SERVICES, INC.

Current Principal Place of Business:

2400 E LAS OLAS BLVD
157
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

2400 E LAS OLAS BLVD
157
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

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
6001 N FALLS CIRCLE DR
BLDG #9 APT 109
FORT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

LOPRIMO, PETER JOHN
2400 E LAS OLAS BLVD
157
FORT LAUDERDALE, FL 33301 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:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LOPRIMO, PETER J
Address: 2400 E LAS OLAS BLVD, #157
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: SEC (X) Change () Addition
Name: LOPRIMO, PETER J
Address: 2400 E LAS OLAS BLVD, #157
City-St-Zip: FORT LAUDERDALE, FL 33301 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 J LOPRIMO

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date