2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# P01000014302

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:

20533 BISCAYNE BLVD
1304
AVENTURA, FL 33180

Current Mailing Address:

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

New Mailing Address:

20533 BISCAYNE BLVD
1304
AVENTURA, FL 33180

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

Name and Address of New Registered Agent:

LOPRIMO, PETER JOHN
20533 BISCAYNE BLVD
1304
AVENTURA, FL 33180 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 LOPRIMO 05/06/2008
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: PRES ( ) Delete
Name: LOPRIMO, PETER J
Address: 2400 E LAS OLAS BLVD, #157
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: LOPRIMO, PETER J
Address: 20533 BISCAYNE BLVD, SUITE 1304
City-St-Zip: AVENTURA, FL 33180 US

Title: SEC (X) Change ( ) Addition
Name: LOPRIMO, PETER J
Address: 20533 BISCAYNE BLVD, SUITE 1304
City-St-Zip: AVENTURA, FL 33180 US

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: PETER LOPRIMO PRES 05/06/2008
Electronic Signature of Signing Officer or Director Date