

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000057126

Entity Name: MEDICAL RISK SOLUTIONS, INC.

FILED
Oct 24, 2008
Secretary of State

Current Principal Place of Business:

6413 CONGRESS AVE
110
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6413 CONGRESS AVE
110
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1113919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITTELBERG, BARRY S
8100 NORTH UNIVERSITY DR.
FT. LAUDERDALE, FL 33321 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: BARRY MITTELBERG

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: PD () Delete
Name: FINVER, STEVEN
Address: 6413 CONGRESS AVE SUITE 110
City-St-Zip: BOCA RATON, FL 33487

Title: VD () Delete
Name: FINVER, LEON
Address: 6413 CONGRESS AVE SUITE 110
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: FINVER, LINDA
Address: 6413 CONGRESS AVE SUITE 110
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN M FINVER

PRES

10/24/2008

Electronic Signature of Signing Officer or Director

Date