

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000026743

Entity Name: MEDICAL EVALUATORS, INC.

FILED
Sep 27, 2007
Secretary of State

Current Principal Place of Business:

406 WEST 19TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

PO BOX 1729
PANAMA CITY, FL 32402

New Mailing Address:

406 WEST 19TH STREET
PANAMA CITY, FL 32405

FEI Number: 03-0406301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, M. NELSON
602 HARRISON AVENUE
SUITE III
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

PROTHRO, RUSTY S PRES
406 WEST 19TH STREET
PANAMA CITY, FL 32405 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: RUSTY PROTHRO

09/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SCOTT, M. NELSON
Address: 602 HARRISON AVENUE, SUITE III
City-St-Zip: PANAMA CITY, FL 32401

Title: CFO () Delete
Name: SCOTT, LEE M
Address: 602 HARRISON AVENUE, SUITE III
City-St-Zip: PANAMA CITY, FL 32401

Title: COO (X) Delete
Name: MCARTHUR, W.R. JR
Address: 406 WEST 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PROTHRO, RUSTY S PRES
Address: 406 WEST 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: VP (X) Change () Addition
Name: PROTHRO, JANIE C
Address: 406 WEST 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405

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: RUSTY PROTHRO

PRES

09/27/2007

Electronic Signature of Signing Officer or Director

Date