

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

4/ **FILED**
May 13, 2005 8:00 am
Secretary of State

04-18-2005 90296 031 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P03000023881 1. Entity Name FLORIDA MEDICAL EVALUATIONS, INC. | | | | | |
| Principal Place of Business 1010 E SILVERSPRINGS BLVD SUITE F OCALA, FL 34470 | | | Mailing Address PO BOX 5837 OCALA, FL 34478-5837 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3722792 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MONTGOMERY, KIMBERLY P.O. BOX 5837 OCALA, FL 34478-5837 | | | | Name Kimberly Montgomery Street Address (P.O. Box Number is Not Acceptable) 1024 E. Silver Springs Blvd. City Ocala FL Zip Code 34470 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing - Trust Fund Contribution.. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P MONTGOMERY, KIMBERLY 1010 E. SILVER SPRINGS BLVD. STE F OCALA, FL 344785837 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | 1024 E. Silver Springs Blvd. Ocala, FL 34470 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Kimberly Montgomery 4/14/05 352867-7700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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04062005 Chg-P CR2E034 (10/03)