2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062698

Entity Name: MEDICAL REVIEW SPECIALISTS, INC.

FILED Mar 17, 2005 Secretary of State

Entity Nai	ME. MEDICAL REVIEW SPECIALISTS	INC.
Current P	rincipal Place of Business:	New Principal Place of Business:
	STLAKE BLVD RBOR, FL 34683	1618 WHITHORN PLACE PALM HARBOR, FL 34684
Current Mailing Address:		New Mailing Address:
	STLAKE BLVD RBOR, FL 34683	1618 WHITHORN PLACE PALM HARBOR, FL 34684
FEI Number:	: 65-1191525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:		nt: Name and Address of New Registered Agent:
	APRIL M STLAKE BLVD. RBOR, FL 34683 US	ENGLISH, APRIL M 1618 WHITHORN PLACE PALM HARBOR, FL 34684 US
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE:		03/17/2005
	Electronic Signature of Registere	d Agent Date
Election Car	npaign Financing Trust Fund Contribution ($$)	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DPT (X) Delete LYNCH, ANN C 1277 WESTLAKE BLVD PALM HARBOR, FL 34683	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DVS () Delete ENGLISH, APRIL M 1277 WESTLAKE BLVD PALM HARBOR, FL 34683	Title: DPT (X) Change () Addition Name: ENGLISH, APRIL M Address: 1618 WHITHORN PLACE City-St-Zip: PALM HARBOR, FL 34684

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: APRIL M ENGLISH DPT 03/17/2005