

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062698

FILED
Apr 29, 2007
Secretary of State

Entity Name: MEDICAL REVIEW SPECIALISTS, INC.

Current Principal Place of Business:

1618 WHITHORN PLACE
PALM HARBOR, FL 34684

New Principal Place of Business:

411 WALNUT ST
3655
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

1618 WHITHORN PLACE
PALM HARBOR, FL 34684

New Mailing Address:

411 WALNUT ST
3655
GREEN COVE SPRINGS, FL 32043

FEI Number: 65-1191525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLISH, APRIL M
1618 WHITHORN PLACE
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

ENGLISH, APRIL M
411 WALNUT ST
3655
GREEN COVE SPRINGS, FL 32043 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: APRIL M ENGLISH RN

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ENGLISH, APRIL M
Address: 1618 WHITHORN PLACE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ENGLISH, APRIL M
Address: 411 WALNUT ST # 3655
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: APRIL M ENGLISH RN

DPT

04/29/2007

Electronic Signature of Signing Officer or Director

Date