2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# P03000085508

Entity Name: PHYSICIAN MEDWATCH, INC.

Current Principal Place of Business:

104 MAHOGANY DR.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

18 WOODSIDE DRIVE
NEW CITY, NY 10956

New Mailing Address:

FEI Number: 20-0161517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: REED, THOMAS W
Address: 104 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: DSV ( ) Delete
Name: DONOVAN, MINDA
Address: 104 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: VPD ( ) Delete
Name: REED, CHRISTOPHER
Address: 104 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: SVP ( ) Delete
Name: TAYLOR, ROBERT W
Address: 18 WOODSIDE DRIVE
City-St-Zip: NEW CITY, NY 10956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition
Name: REED, THOMAS W
Address: 104 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: DSVS (X) Change ( ) Addition
Name: DONOVAN, MINDA
Address: 104 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: DVP (X) Change ( ) Addition
Name: REED, CHRISTOPHER
Address: 104 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: SVT (X) Change ( ) Addition
Name: TAYLOR, ROBERT W
Address: 18 WOODSIDE DRIVE
City-St-Zip: NEW CITY, NY 10956

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS W. REED CEO 03/26/2007

Electronic Signature of Signing Officer or Director Date