

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032757

FILED
Jun 23, 2009
Secretary of State

Entity Name: MEDICAL REVIEW SOLUTIONS INC.

Current Principal Place of Business:

25291 BUNTING CIRCLE
LAND O LAKES, FL 346395535

New Principal Place of Business:

25291 BUNTING CIRCLE
LAND O LAKES, FL 346395535

Current Mailing Address:

25291 BUNTING CIRCLE
LAND O LAKES, FL 346395535

New Mailing Address:

25291 BUNTING CIRCLE
LAND O LAKES, FL 346395535

FEI Number: 20-8709942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHINKEL, JEFFREY T
25291 BUNTING CIRCLE
LAND O LAKES, FL 346395535 US

Name and Address of New Registered Agent:

SCHINKEL, JEFFREY T
25291 BUNTING CIRCLE
LAND O LAKES, FL 346395535 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:

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHINKEL, DEBRA B
Address: 25291 BUNTING CIRCLE
City-St-Zip: LAND O LAKES, FL 346395535

Title: V () Delete
Name: SCHINKEL, JEFFREY T
Address: 25291 BUNTING CIRCLE
City-St-Zip: LAND O LAKES, FL 346395535

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHINKEL, DEBRA B
Address: 25291 BUNTING CIRCLE
City-St-Zip: LAND O LAKES, FL 346395535

Title: V (X) Change () Addition
Name: SCHINKEL, JEFFREY T
Address: 25291 BUNTING CIRCLE
City-St-Zip: LAND O LAKES, FL 346395535

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: JEFFREY T. SCHINKEL

V

06/23/2009

Electronic Signature of Signing Officer or Director

Date