2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110449

FILED May 19, 2009 Secretary of State

Entity Name: MS PHYSICIAN PRACTICE MANAGEMENT AND REVENUE CONSULTANTS, CORP.

Current Principal Place of Business: New Principal Place of Business:

5998 HILLSIDE STREET SEMINOLE, FL 33772 US

Current Mailing Address: New Mailing Address:

5998 HILLSIDE STREET SEMINOLE, FL 33772 US

FEI Number: 26-1188915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREENBERG, ROSS M SEVERINO, MERRILEE
1792 BELL TOWER LANE 5998 HILLSIDE STREET
WESTON, FL 33326 US SEMINOLE, FL 33772 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: MERRILEE SEVERINO 05/19/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

Name: SEVERINO, MERRILEE Name:
Address: 5998 HILLSIDE STREET Address:
City-St-Zip: SEMINOLE, FL 33772 US City-St-Zip:

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: MERRILEE SEVERINO P 05/19/2009