FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076814 (1)

1. Corporation Name
CERTIFIED MEDICAL REVIEW OFFICERS, INC.

Principal Place of Business	Mailing Address
7563 PHILLIPS HWY STE 208 JACKSONVILLE FL 32256 US	7563 PHILLIPS HWY STE 28 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-3217931 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 8031 Phillips Hwy.	26 8031 Phillips Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL	28 City & State: Jacksonville, FL
24 Zip: 32256 — 25 Country: USA	29 Zip: 32256 — 30 Country: USA

9. Name and Address of Current Registered Agent

RAMIREZ, MAURICE A D.O.
7563 PHILLIPS HWY
STE 208
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Theodore Culbertson Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1172 Brownell St. Suite 1
83
84 City: Clearwater — FL — 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Theodore Culbertson Esq. [signature] 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☒ Change ☐ Addition
NAME	RAMIREZ, MAURICE A	
STREET ADDRESS	7563 PHILLIPS HWY, STE 208	8031 Phillips Hwy
CITY-ST-ZIP	JACKSONVILLE FL	Jacksonville, FL 32256
TITLE	VP	☒ Change ☐ Addition
NAME	MENDOZA, LAURA	
STREET ADDRESS	7563 PHILLIPS HWY, STE 208	8031 Phillips Hwy
CITY-ST-ZIP	JACKSONVILLE FL	Jacksonville, FL 32256
TITLE	S	☒ Change ☐ Addition
NAME	STEVENSON, SUSAN	
STREET ADDRESS	7563 PHILLIPS HWY, STE 208	8031 Phillips Hwy
CITY-ST-ZIP	JACKSONVILLE FL	Jacksonville, FL 32256
TITLE	T	☒ Change ☐ Addition
NAME	DURHAM, ROBERT	8031 Phillips Hwy
STREET ADDRESS	7563 PHILLIPS HWY, STE 208	
CITY-ST-ZIP	JACKSONVIELL FL	Jacksonville, FL 32256
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 4/28/95 — 904-281-2671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
Maurice A. Ramirez

0021681 CP