2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005
Secretary of State

DOCUMENT# P95000093157

Entity Name: NATIONAL MEDICAL REVIEW, CORP.

Current Principal Place of Business:

9000 SW 87 CT
#112
MIAMI, FL 33176

New Principal Place of Business:

9000 SW 87 CT
#103
MIAMI, FL 33176

Current Mailing Address:

9000 SW 87 CT
#112
MIAMI, FL 33176

New Mailing Address:

9000 SW 87 CT
#103
MIAMI, FL 33176

FEI Number: 65-0631343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONZON, ANN E
9000 SW 87 CT
STE 112
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MONZON, ANN E
9000 SW 87 CT
STE 103
MIAMI, FL 33176 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: ANN E MONZON 08/09/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONZON, ANN E
Address: 9000 SW 87 CT STE #112
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MONZON, ANN E
Address: 9000 SW 87 CT STE #103
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANN E MONZON P 08/09/2005
Electronic Signature of Signing Officer or Director Date