

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015915

FILED
Apr 13, 2006
Secretary of State

Entity Name: MEDICOLEGAL INVESTIGATIONS, INC.

Current Principal Place of Business:

731 AIRPORT ROAD
SUITE D
PANAMA CITY, FL 32405 US

Current Mailing Address:

653 W. 23RD ST., #246
PANAMA CITY, FL 32405 US

New Principal Place of Business:

731 AIRPORT ROAD
SUITE G
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-3368574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISLER, CHARLES S III
434 MAGNOLIA AVENUE
PANAMA CITY, FL 32401 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: PVCD () Delete
Name: BODEN, CHRISTOPHER
Address: 653 W 23RD ST. #246
City-St-Zip: PANAMA CITY, FL 32405

Title: TSD () Delete
Name: HERRMANN, MARIE A
Address: 653 W 23RD ST. #246
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER BODEN

PVCD

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date