## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000015915

Entity Name: MEDICOLEGAL INVESTIGATIONS, INC.

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
SUITE G	ORT ROAD CITY, FL 32405	US	731 AIRPORT ROAD SUITE E PANAMA CITY, FL 3240	05 US	
Current M	lailing Address	<b>::</b>	New Mailing Address:	New Mailing Address:	
	RD ST., #246 CITY, FL 32405	US	653 W. 23RD STREET #246 PANAMA CITY, FL 3240	05 US	
FEI Number:	: 59-3368574	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
434 MÅGN PANAMA ( The above	HARLES S III NOLIA AVENUE CITY, FL 32401 named entity si		purpose of changing its registered o	office or registered agent, or both,	
SIGNATU					
	Electroni	Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVCD ( ) Delete BODEN, CHRISTOPHER 653 W 23RD ST. #246 PANAMA CITY, FL 32405		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	TSD ( ) Delete HERRMANN, MARIE A 653 W 23RD ST. #246 PANAMA CITY, FL 32405		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

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 04/12/2007