

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037642

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: PREMIER MEDICAL REVIEW, INC.

## Current Principal Place of Business:

1334 NORTH STATE ROAD 7  
MARGATE, FL 33063

## New Principal Place of Business:

5150 LINTON BLVD. SUITE 500  
DELRAY BEACH, FL 33484

## Current Mailing Address:

1334 NORTH STATE ROAD 7  
MARGATE, FL 33063

## New Mailing Address:

5150 LINTON BLVD. SUITE 500  
DELRAY BEACH, FL 33484

FEI Number: 65-0746500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOKE, BRIAN J  
515 NORTH FLAGLER DRIVE  
SUITE 600  
W PALM BEACH, FL 33401 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: PRES ( ) Delete  
Name: HERBST, NEIL S  
Address: 7930 REDWOOD LN  
City-St-Zip: PARKLAND, FL 33067

Title: VP ( ) Delete  
Name: KENNEDY, MICHAEL D  
Address: 4990 NW 83RD LANE  
City-St-Zip: CORAL SPRINGS, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HERBST, NEIL S  
Address: 5150 LINTON BLVD. SUITE 500  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP (X) Change ( ) Addition  
Name: KENNEDY, MICHAEL D  
Address: 5150 LINTON BLVD. SUITE 500  
City-St-Zip: DELRAY BEACH, FL 33484

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: MICHAEL KENNEDY, VP

VP

01/12/2004

Electronic Signature of Signing Officer or Director

Date