

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042286

FILED  
May 09, 2005  
Secretary of State

Entity Name: PROFESSIONAL REVIEW SERVICES/PRS, INC.

**Current Principal Place of Business:**

13204 LAKESIDE TERR.  
COOPER CITY, FL 33330

**New Principal Place of Business:**

5722 SOUTH FLAMINGO ROAD  
#193  
FORT LAUDERDALE, FL 33330

**Current Mailing Address:**

5722 SOUTH FLAMINGO ROAD  
#193  
FORT LAUDERDALE, FL 33330

**New Mailing Address:**

FEI Number: 65-0918542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHURACK, ROBERT  
5722 SOUTH FLAMINGO ROAD  
#193  
FORT LAUDERDALE, FL 33330 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHURACK, ROB  
Address: 5722 SOUTH FLAMINGO ROAD #193  
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: VP ( ) Delete  
Name: MARGO-SHURACK, LISA  
Address: 5722 SOUTH FLAMINGO ROAD #193  
City-St-Zip: FORT LAUDERDALE, FL 33330

**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 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: ROB SHURACK

PART

05/09/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date