2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# P99000059110

Entity Name: AMERICAN MEDICAL REVIEW OFFICER, INC.

Current Principal Place of Business:

4237 SALISBURY RD
STE 312
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4237 SALISBURY RD
STE 312
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3586831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, LINDA ROSE
4237 SALISBURY RD
SUITE 312
JACKSONVILLE, FL 32216 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: PS
Name: FREEDMAN, JANE D
Address: 4237 SALISBURY RD #312
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: V
Name: FREEDMAN, DONALD S
Address: 4237 SALISBURY RD #312
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VT
Name: GRIFFIN, LINDA ROSE
Address: 4237 SALISBURY RD #312
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: V
Name: GRIFFIN, ROY D
Address: 4237 SALISBURY RD #312
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA ROSE GRIFFIN V PR 02/18/2010

Electronic Signature of Signing Officer or Director Date