

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000446

Entity Name: NETWORK MEDICAL REVIEW COMPANY INC

Current Principal Place of Business:

3280 PEACHTREE ROAD NE
SUITE 2625
ATLANTA, GA 30305

Current Mailing Address:

3280 PEACHTREE ROAD NE
SUITE 2625
ATLANTA, GA 30305 US

FEI Number: 76-0711128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title CEO, DIRECTOR
Name PRICE, JAMES K
Address 3280 PEACHTREE ROAD NE
SUITE 2625
City-State-Zip: ATLANTA GA 30305

Title PRESIDENT
Name CAMPBELL, WESLEY
Address 3280 PEACHTREE ROAD NE
SUITE 2625
City-State-Zip: ATLANTA GA 30305

Title CFO, SEVP, TREASURER
Name FERNANDEZ DE CASTRO, J. MIGUEL
Address 3280 PEACHTREE ROAD NE
SUITE 2625
City-State-Zip: ATLANTA GA 30305

Title VP
Name PATMORE, CRYSTAL
Address 3280 PEACHTREE ROAD NE
SUITE 2625
City-State-Zip: ATLANTA GA 30305

Title EVP, SECRETARY
Name ARGUEDAS, CLARE
Address 3280 PEACHTREE ROAD NE
SUITE 2625
City-State-Zip: ATLANTA GA 30305

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: CLARE ARGUEDAS

SECRETARY

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date