

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000320

**Entity Name:** MEDICAL EVALUATION SPECIALISTS, INC.**Current Principal Place of Business:**150 PRESIDENTIAL WAY  
SUITE 110  
WOBURN, MA 01801**Current Mailing Address:**150 PRESIDENTIAL WAY  
SUITE 110  
WOBURN, MA 01801 US**FEI Number:** 38-2193020**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	DIRECTOR, EXECUTIVE CHAIRMAN
Name	PERLMAN, RICHARD E
Address	3280 PEACHTREE RD NE SUITE 2625
City-State-Zip:	ATLANTA GA 30305

Title	CEO, DIRECTOR
Name	PRICE, JAMES K
Address	3280 PEACHTREE RD NE SUITE 2626
City-State-Zip:	ATLANTA GA 30305

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

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

Title	SECRETARY, EVP, GENERAL COUNSEL
Name	ARGUEDAS, CLARE
Address	3280 PEACHTREE RD 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****01/18/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date