

2017 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 2625
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

Title EVP
Name PATMORE, CRYSTAL
Address 3280 PEACHTREE RD NE STE 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****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date