# 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1300000320

## Entity Name: MEDICAL EVALUATION SPECIALISTS, INC.

### **Current Principal Place of Business:**

500 W CUMMINGS PARK SUITE 4050 WOBURN, MA 01801

## **Current Mailing Address:**

500 W CUMMINGS PARK SUITE 4050 WOBURN, MA 01801

# FEI Number: 38-2193020

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

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

# FILED Apr 30, 2014 Secretary of State CC2823868489

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	DIRECTOR, EXECUTIVE CHAIRMAN	Title	CEO, DIRECTOR
Name	PERLMAN, RICHARD E	Name	PRICE, JAMES K
Address	3280 PEACHTREE RD NE SUITE 2625	Address	3280 PEACHTREE RD NE SUITE 2625
City-State-Zip:	ATLANTA GA 30305	City-State-Zip:	ATLANTA GA 30305
Title	PRESIDENT	Title	CFO, TREASURER, VP
Name	CAMPBELL, WESLEY	Name	FERNANDEZ DE CASTRO, J. MIGUEL
Address	3280 PEACHTREE RD NE SUITE 2625	Address	3280 PEACHTREE RD NE SUITE 2625
City-State-Zip:	ATLANTA GA 30305	City-State-Zip:	ATLANTA GA 30305
Title Name Address City-State-Zip:	SECRETARY, VP, GENERAL COUNSEL ARGUEDAS, CLARE 3280 PEACHTREE RD NE SUITE 2625 ATLANTA GA 30305	Title Name Address City-State-Zip:	CHIEF INFORMATION OFFICER KOZLOWSKI, KEVIN 3280 PEACHTREE RD NE SUITE 2625 ATLANTA GA 30305
Title Name	VP PATMORE, CRYSTAL		

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

04/30/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date