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95 MAY - 1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **470449** (0)
1. Corporation Name
PHYSICIANS PLANNING SERVICE CORP.

Principal Place of Business C/O PRENTICE HALL CORP. SERVICES 15 COLUMBUS CIRCLE NEW YORK NY 10023-7706	Mailing Address C/O PRENTICE HALL CORP. SERVICES 15 COLUMBUS CIRCLE NEW YORK NY 10023-7706
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 375 HUDSON STREET Suite, Apt. #, etc. 22 11TH FLOOR City & State 23 NEWYORK, NEWYORK Zip 24 10014		2a. Mailing Address 26 375 HUDSON STREET Suite, Apt. #, etc. 27 11TH FLOOR City & State 28 NEWYORK, NEWYORK Zip 29 10014		3. Date Incorporated or Qualified 02/25/1975		3a. Date of Last Report 02/02/1994	
		4. FEI Number NOT APPLICABLE		Applied For Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MARVIN, DALE K 15 COLUMBUS CIRCLE NEW YORK NY	1. TITLE PD	RICHARD KUSHAY 375 HUDSON STREET NEWYORK, NEWYORK 10014
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	
TITLE VSD	ASH, EILEEN 15 COLUMBUS CIRCLE NEW YORK NY	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE VD	KUSHAY, RICHARD 15 COLUMBUS CIRCLE NEW YORK NY	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE VPS	VAN NAME, JUDY 15 COLUMBUS CIRCLE NEW YORK NY	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	***PLEASE SEE ATTACHED RIDER***
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE AVAT	CAMPANA, ANITA 15 COLUMBUS CIRCLE NEW YORK NY	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **EILEEN ASH** *Eileen Ash* 4/25/95 212-463-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

470499

OFFICERS

PRESIDENT RICHARD KUSHAY

**VICE PRESIDENT
& SECRETARY EILEEN ASH**

**VICE PRESIDENT
& TREASURER ANITA CAMPANA**

**ASST. VICE PRES.
& ASST. SECRETARY JUDY VAN NAME**

**ASST. VICE PRES. MARIA DOSCHER
& ASST. TREASURER**

**ALL TO:
375 HUDSON STREET
NEW YORK, NEW YORK
10014**

DIRECTORS

RICHARD KUSHAY

EILEEN ASH

ANITA CAMPANA

REV. 3/15/95