

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018111

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** ASSOCIATED PHYSICIAN SERVICE CORP.

**Current Principal Place of Business:**

3737 N. PINE ISLAND RD.  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3737 N. PINE ISLAND RD.  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 65-1088741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SINAGRA, FRANK J ESQ  
100 SE 3RD AVE., STE. 1900  
FT. LAUDERDALE, FL 33394 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: BIZER, WAYNE F  
Address: 1001 SW 93RD TERRACE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WAYNE BIZER

DR.

04/24/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date