

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018111

FILED
Feb 17, 2007
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.

02/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date