

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167745

FILED
Jan 25, 2012
Secretary of State

Entity Name: PHYSICIANS' CONTINUING EDUCATION CORP.

Current Principal Place of Business:

4475 HWY US 1 SOUTH
504
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

4475 HWY US 1 SOUTH
601B
ST. AUGUSTINE, FL 32086

Current Mailing Address:

4475 HWY US 1 SOUTH
ST. AUGUSTINE, FL 32086

New Mailing Address:

4475 HWY US 1 SOUTH
SUITE 601B
ST. AUGUSTINE, FL 32086

FEI Number: 20-4051543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIZABETH, ROBINS
4475 HWY US 1 SOUTH
ST AUGUSTTINE, FL 32086 US

Name and Address of New Registered Agent:

ELIZABETH, ROBINS
4475 HWY US 1 SOUTH
SUITE 601B
ST AUGUSTTINE, FL 32086 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:

01/25/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ROBINS, LAWRENCE
Address: 133 RT 304 C/O COOPER, NIEMANN & CO.
City-St-Zip: BARDONIA, NY 10954

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: LAWRENCE ROBINS

PD

01/25/2012

Electronic Signature of Signing Officer or Director

Date