

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167745

Entity Name: PHYSICIANS' CONTINUING EDUCATION CORP.

Current Principal Place of Business:

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

Current Mailing Address:

377 PARK AVENUE SOUTH
6TH FLOOR
NEW YORK, NY 10016 US

FEI Number: 20-4051543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWRENCE, ROBINS E
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: LAWRENCE ROBINS

03/02/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ROBINS, LAWRENCE
Address 133 RT 304 C/O COOPER, NIEMANN
& CO.
City-State-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

CEO/OWNER

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date