

**2013 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:**

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

**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

04/19/2013

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

**OWNER**

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date