

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167745

Entity Name: PHYSICIANS' CONTINUING EDUCATION CORP.**Current Principal Place of Business:**395 HUDSON STREET - 3RD FLOOR
NEW YORK, NY 10014**Current Mailing Address:**395 HUDSON STREET - 3RD FLOOR
NEW YORK, NY 10014 US**FEI Number:** 20-4051543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, CEO
Name	DESIMONE, BLAKE
Address	395 HUDSON STREET - 3RD FLOOR
City-State-Zip:	NEW YORK NY 10014

Title	TREASURER, VP
Name	MCCANN, JAMES
Address	395 HUDSON STREET - 3RD FLOOR
City-State-Zip:	NEW YORK NY 10014

Title	AUTHORIZED PERSON, VP, ASST. SECRETARY
Name	USTICA, DAWN
Address	121 CHANLON RD SUITE 110
City-State-Zip:	NEW PROVIDENCE NJ 07974
Title	SECRETARY, VP LEGAL
Name	GARCIA, SUSAN
Address	395 HUDSON STREET - 3RD FLOOR
City-State-Zip:	NEW YORK NY 10014

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: DAWN USTICA

VICE PRESIDENT

03/03/2023

Electronic Signature of Signing Officer/Director Detail_____
Date