

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047720

**Entity Name:** PHYSICIAN CONSULTING, INC.

**Current Principal Place of Business:**

4024 NORTH DR.  
PUEBLO, CO 81008

**Current Mailing Address:**

4024 NORTH DR.  
PUEBLO, CO 81008 US

**FEI Number:** 27-0284767

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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            PCEO  
Name            JONES, KAULEY  
Address        4024 NORTH DR.  
City-State-Zip: PUEBLO CO 81008

Title            TS  
Name            JONES, AUSTIN  
Address        4024 NORTH DR.  
City-State-Zip: PUEBLO CO 81008

*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:** KAULEY JONES

**PRES CEO**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date