

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000101081

Entity Name: PHYSICIAN DISABILITY EXAMINATION SERVICES, INC.

FILED
Jan 16, 2019
Secretary of State
0212040709CC

Current Principal Place of Business:

440 E SAMPLE ROAD
SUITE 208
POMPANO BEACH, FL 33064

Current Mailing Address:

3389 SHERIDAN STREET
407
HOLLYWOOD, FL 33021

FEI Number: 27-4310706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMSON, STANFORD
3389 SHERIDAN STREET
407
HOLLYWOOD, FL 33021 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 CEO
Name WILLIAMSON, STANFORD
Address 3389 SHERIDAN STREET # 407
City-State-Zip: HOLLYWOOD FL 33021

Title CFO
Name SMITH, PAMELA
Address 3389 SHERIDAN STREET #407
City-State-Zip: HOLLYWOOD FL 33021

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: STANFORD A WILLIAMSON

CEO

01/16/2019

Electronic Signature of Signing Officer/Director Detail

Date