

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000097754

**Entity Name:** PHYSICIAN ASSISTANCE SERVICES OF THE T.C., P.A.

**Current Principal Place of Business:**

1815 MOORINGLINE DR.,  
PH-A  
VERO BEACH, FL 32963

**Current Mailing Address:**

1815 MOORINGLINE DR.,  
PH-A  
VERO BEACH, FL 32963 US

**FEI Number:** 26-2799514

**Certificate of Status Desired:** No

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

MILLER, LISA  
1815 MOORINGLINE DR.,  
PH-A  
VERO BEACH, FL 32963 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 P/S  
Name MILLER, LISA  
Address 1815 MOORINGLINE DR.,PH-A  
City-State-Zip: VERO BEACH FL 32963

Title V  
Name CHABRIER, LINDA  
Address 1815 MOORINGLINE DR.  
SUITE PH-A  
City-State-Zip: VERO BEACH FL 32963

*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:** LISA MILLER

**PRESIDENT**

**04/25/2019**

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

\_\_\_\_\_  
Date