

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000087989

**Entity Name:** PDSC PHYSICIANS, INC.

**Current Principal Place of Business:**

850 111TH AVE NORTH  
COVENTRY SQUARE  
NAPLES, FL 34108

**Current Mailing Address:**

850 111TH AVE NORTH  
COVENTRY SQUARE  
NAPLES, FL 34108 US

**FEI Number:** 82-3336785

**Certificate of Status Desired:** No

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

THE FLORIDA HEALTHCARE LAW FIRM  
909 SE 5TH AVE STE 200  
DELRAY BEACH, FL 33483 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,D  
Name BELLO, STEVEN L M.D.  
Address 1879 VETERANS PARK DRIVE  
City-State-Zip: NAPLES FL 34109  
  
Title D  
Name MEAD, LEON P M.D.  
Address 730 GOODLETTE ROAD NORTH,  
SUITE 201  
City-State-Zip: NAPLES FL 34102

Title ST,D  
Name WARNER, JUSTIN M.D.  
Address 2335 TAMIAMI TRAIL NORTH SUITE  
501  
City-State-Zip: NAPLES FL 34103

*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: STEVEN BELLO**

**PRESIDENT**

**04/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date