

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000055241

**Entity Name:** PCS PHYSICIAN CREDENTIALING SERVICE INC.

**Current Principal Place of Business:**

9320 VITTORIA CT  
FORT MYERS, FL 33912

**Current Mailing Address:**

9320 VITTORIA CT  
FORT MYERS, FL 33912 US

**FEI Number: 87-1166013**

**Certificate of Status Desired: No**

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

GUILIANA, STEPHANIE  
9320 VITTORIA CT  
FORT MYERS, FL 33912 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:** GUILIANA , STEPHANIE

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name GUILIANA, STEPHANIE  
Address 9320 VITTORIA CT  
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR, SECRETARY  
Name KLINE, DANA  
Address 10 FAIRVIEW BLVD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title DIRECTOR, TREASURER  
Name EURICH, PATRICIA  
Address 1134 OLD FARM RD  
City-State-Zip: LAWRENCE PA 15055

*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:** STEPHANIE GUILIANA

PRESIDENT

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date