

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 305040 1. Entity Name PHYSICIANS FINANCIAL PLANNING CORP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 SEP 20 PM 1:22 	
Principal Place of Business 11820 NW 11TH ST. P.O. BOX 17856 PLANTATION, F 33318 US				Mailing Address 11820 NW 11TH ST. P.O. BOX 17856 PLANTATION, FL 33318 US			
2. Principal Place of Business 2375 N.E. OCEAN BLVD Suite, Apt. #, etc. # E303		3. Mailing Address 2375 N.E. OCEAN BLVD Suite, Apt. #, etc. # E303		09142006 Chg-P CR2E034 (11/05)			
City & State STUART, FL		City & State STUART, FL		4. FEI Number 59-1259850		Applied For <input type="checkbox"/> Not Applicable	
Zip 34996		Country USA		Zip 34996		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GOSS, CHESTER F. 2375 N.E. OCEAN BLVD.#E303 STUART, FL 34996			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD GOSS, CHESTER F 2375 NE OCEAN BLVD #E303 STUART, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> 000080269080 09/28/06--01049--021 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BARTSCH, SHARRON 11820 NW 11TH ST. PLANTATION, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> P GOSS, CHESTER F. 2375 N.E. OCEAN BLVD #E303 STUART, FL 34996			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD GOSS, CHESTER F 2375 NE OCEAN BLVD #E303 STUART, FL 34996				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD BARTSCHE, SHARRON 11820 NW 11TH STREET PLANTATION, FL 33018				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> S GOSS, CHESTER F. 2375 N.E. OCEAN BLVD #E303 STUART, FL 34996			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Delete</div>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Delete</div>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-2006
Date

772-225-0288
Daytime Phone #

CHESTER F. GOSS, P.V.T., S.D