

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 AM 9:46

DOCUMENT # 374905 1. Entity Name PHYSICIANS INVESTMENTS CORP.						
Principal Place of Business 350 MARY ST. APT. E PUNTA GORDA, FL 33950			Mailing Address C/O JOSHUA PUTTER, 809 E. 350 MARY STREET PUNTA GORDA, FL 33950			
2. Principal Place of Business 350 Mary St. APT. E Suite, Apt. #, etc.		3. Mailing Address C/O Mark Hanson 350 Mary Street Suite, Apt. #, etc. E				
City & State Punta Gorda, FL		City & State Punta Gorda, FL		4. FEI Number 59-1364648		
Zip 33950		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PUTTER, JOSHUA 809 E MARION AVE PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Mark Hanson Street Address (P.O. Box Number is Not Acceptable) 350 Mary Street Suite E. City Punta Gorda FL Zip Code 33950		
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: Mark Hanson 12/01/05 <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	T PUTTER, JOSHUA 809 E MARION AVENUE PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Levy, Kenneth 350 Mary Street Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TADALAN, LOUDES 350 MARY ST PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Hanson 350 Mary Street Suite E Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVY, KENNETH 350 MARY ST PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Zaida Bermudez 350 Mary Street Suite A Punta Gorda, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Loures Tadalán P.O. Box 511446 Punta Gorda, FL 33951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark Hanson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				12/01/05 (941)639-4176 <small>Date Daytime Phone #</small>		