

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 659318 (0)

1. Corporation Name

PHYSICIANS CONSULTING SERVICES, INC.



Principal Place of Business

17630 N.E. 9TH AVE.
N. MIAMI BEACH, FL 33162

Mailing Address

17630 N.E. 9TH AVE.
N. MIAMI BEACH, FL 33162

3. Date Incorporated or Qualified
03/14/1980

3a. Date of Last Report
04/03/1995

2. Principal Place of Business
21 3109 W. Hall. Bch Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26 3860 N. 40th Ave
Suite, Apt. #, etc.

22 Suite 102

27

23 Pembroke Park

28 Hollywood, FL

24 33009 25 USA

29 33021 30 USA

4. FEI Number
59-2000417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHUSID, HOWARD
17630 N.E. NINTH AVENUE
N. MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3860 N. 40th Ave

84 City Hollywood

FL

85 Zip Code 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PT
STREET ADDRESS CHUSID, HOWARD
CITY-ST-ZIP 17630 N.E. NINTH AVE.
N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME VS
STREET ADDRESS CHUSID, SUSAN
CITY-ST-ZIP 17630 N.E. NINTH AVE.
N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 3860 N. 40th Ave
1.3 STREET ADDRESS Hollywood, FL 33021
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 3860 N. 40th Ave
2.3 STREET ADDRESS Hollywood, FL 33021
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3696 (954) 946860

CR2E034 (12/95)