## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 659318** 

FILED Feb 06, 2007 Secretary of State

Entity Name: PHYSICIANS CONSULTING SERVICES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ALL BCH BLVD				
SUITE 302 HALLAND,	: ALE, FL 33009	US			
Current M	ailing Address	<b>s:</b>	New Mailing Addres	New Mailing Address:	
	TH AVENUE DOD, FL 33021	US			
El Number:	59-2000417	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	HOWARD TH AVENUE DOD, FL 33021	US			
	named entity so of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PT () I CHUSID, HOWAI 3860 N. 40TH AV HOLLYWOOD, F	/ENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	VS () I CHUSID, SUSAN 3860 N. 40TH AV HOLLYWOOD, F	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HOWARD CHUSID P 02/06/2007