2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 659318

FILED Apr 23, 2008 Secretary of State

Entity Name: PHYSICIANS CONSULTING SERVICES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
3001 W HALL BCH BLVD SUITE 302 HALLANDALE, FL 33009 US	
Current Mailing Address:	New Mailing Address:
3860 N. 40TH AVENUE HOLLYWOOD, FL 33021 US	
FEI Number: 59-2000417 FEI Number Applied For () FEI Nu	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
CHUSID, HOWARD 3860 N. 40TH AVENUE HOLLYWOOD, FL 33021 US	CHUSID, HOWARD 3001 W. HALLANDALE BEACH BLVD SUITE 302 HOLLYWOOD, FL 33021 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	04/23/2008
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PT () Delete Name: CHUSID, HOWARD Address: 3860 N. 40TH AVENUE City-St-Zip: HOLLYWOOD, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: VS () Delete Name: CHUSID, SUSAN Address: 3860 N. 40TH AVENUE City-St-Zip: HOLLYWOOD, FL	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PT 04/23/2008