

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004871

FILED
Jan 04, 2011
Secretary of State

Entity Name: PHYSICIANLOANS CORP.

Current Principal Place of Business:

5880 CLEVELAND AVE.
COLUMBUS, OH 43231

New Principal Place of Business:

Current Mailing Address:

5880 CLEVELAND AVE.
COLUMBUS, OH 43231

New Mailing Address:

FEI Number: 31-1405179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: FRANK, SARAH
Address: 5880 CLEVELAND AVE.
City-St-Zip: COLUMBUS, OH 43231

Title: PRES
Name: FRANK, MOSHE
Address: 5880 CLEVELAND AVE.
City-St-Zip: COLUMBUS, OH 43231

Title: VP
Name: FRANK, TAL
Address: 5880 CLEVELAND AVE.
City-St-Zip: COLUMBUS, OH 43231

I hereby 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 all other like empowered.

SIGNATURE: TAL FRANK

VP

01/04/2011

Electronic Signature of Signing Officer or Director

Date