

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003882

Entity Name: PS EXECUTIVE CENTERS, INC.

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

10150 HIGHLAND MANOR DRIVE, #200  
TAMPA, FL 33610

**New Principal Place of Business:****Current Mailing Address:**

10150 HIGHLAND MANOR DRIVE, #200  
TAMPA, FL 33610

**New Mailing Address:**

1991 CROCKER ROAD  
600  
WESTLAKE, OH 44145

FEI Number: 34-1534432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOLEZAL, TRACY  
10150 HIGHLAND MANOR DRIVE, #200  
TAMPA, FL 33610 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

**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:**

Title: S ( ) Delete

Name: SINGLE, GERALD A

Address: 1991 CROCKER ROAD, STE 600

City-St-Zip: WESTLAKE, OH 44145

Title: P ( ) Delete

Name: BUTTERFIELD, RICHARD

Address: 1991 CROCKER ROAD, STE 600

City-St-Zip: WESTLAKE, OH 44145

Title: V ( ) Delete

Name: DOLEZAL, TRACY

Address: 1991 CROCKER ROAD, STE 600

City-St-Zip: WESTLAKE, OH 44145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

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: TRACY DOLEZAL

VP

01/07/2009

Electronic Signature of Signing Officer or Director

Date