

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002799

FILED
Feb 07, 2012
Secretary of State

Entity Name: PHYSICIANS ADVANTAGE SERVICES, INC.

Current Principal Place of Business:

4413 S.W. MARTIN HWY.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1097
PALM CITY, FL 34991

New Mailing Address:

4413 S.W. MARTIN HWY.
PALM CITY, FL 34990

FEI Number: 51-0635791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CHRISTOPHER M.
4425 MARTIN HWY.
PALM CITY, FL 34990 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: CDPV
Name: BROWN, CHRISTOPHER M
Address: P.O. BOX 1097
City-St-Zip: PALM CITY, FL 34991

Title: DS
Name: BROWN, BARRIE L.
Address: PO BOX 1097
City-St-Zip: PALM CITY, FL 34991

Title: DS
Name: BROWN, MATTHEW S
Address: 4425 SW MARTIN HIGHWAY
City-St-Zip: PALM CITY, FL 34990

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: BARRIE L. BROWN

DS

02/07/2012

Electronic Signature of Signing Officer or Director

Date