

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006516

FILED
May 11, 2011
Secretary of State

Entity Name: PHYSICIAN APPRAISAL SERVICE, INC.

Current Principal Place of Business:

300 FIFTH AVE SOUTH
SUITE 244
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

300 FIFTH AVE SOUTH
SUITE 244
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 58-2185987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIFLOWER, CHARLES E
2245 ARIELLE DRIVE, #2105
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

COLLIFLOWER, CHARLES E
480 QUAIL FOREST BLVD
703
NAPLES, FL 34105 US

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: SANDRA K. COLLIFLOWER

05/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: COLLIFLOWER, SANDRA K
Address: 480 QUAIL FOREST BLVD #703
City-St-Zip: NAPLES, FL 34105 US

Title: V
Name: COLLIFLOWER, PAUL E
Address: 272 5TH ST. NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: ST
Name: COLLIFLOWER, SANDRA R
Address: 480 QUAIL FOREST BLVD #703
City-St-Zip: NAPLES, FL 34105 US

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: SANDRA K. COLLIFLOWER

PRES

05/11/2011

Electronic Signature of Signing Officer or Director

Date