

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90069 035 \*\*\*150.00

DOCUMENT # **665346** ✓  
1. Entity Name  
**PHYSICIANS MEDICAL SERVICES INC.**

**DO NOT WRITE IN THIS SPACE**

**90775**

2. Principal Place of Business  
**4201 Belfort Road**  
Suite, Apt. #, etc.  
City & State  
**Jacksonville, FL**  
Zip  
**32216** Country  
**USA**  
3. Mailing Address  
**4201 Belfort Road**  
Suite, Apt. #, etc.  
City & State  
**Jacksonville, FL**  
Zip  
**32224** Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2369228**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**JOANNE L. MARTIN**  
Street Address (P.O. Box Number Is Not Acceptable)  
**4500 SAN PABLO ROAD**  
City  
**JACKSONVILLE FL** Zip Code  
**32224**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/CHAIR CORTESE, DENIS A. M.D. 4500 San Pablo Road Jacksonville, FL 32224</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE CHAIR WALTERS, ROBERT M. 4500 San Pablo Road Jacksonville, FL 32224</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER HOFFMAN, MARY J. 4500 SAN PABLO ROAD Jacksonville, FL 32224</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY HUBER, HAROLD 4500 San Pablo Road Jacksonville, FL 32224</b>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02 (904) 953-2399**  
Date Daytime Phone

CR2E034B (12/01)