

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85118

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** PHYSICIAN & PROFESSIONAL ANSWERING SERVICE, INC.

**Current Principal Place of Business:**

3717 DEL PRADO BLVD., STE. 5  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

3717 DEL PRADO BLVD., STE. 5  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 59-2636073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TALYOR, BEVERLY A  
3717 DEL PRADO BLVD  
CAPE CORAL, FL 33904 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: VD ( ) Delete  
Name: TAYLOR ALAN E.,  
Address: 905 SE 31ST TERR  
City-St-Zip: CAPE CORAL, FL

Title: DPT ( ) Delete  
Name: TAYLOR, BEVERLY A  
Address: 3527 SE 3RD AVE  
City-St-Zip: CAPE CORAL, FL 33904

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

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 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 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: BEVERLY A. TAYLOR

DPT

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date