

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85118

FILED
Jul 14, 2005
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:

TAYLOR, BEVERLY A
3717 DEL PRADO BLVD
STE #5
CAPE CORAL, FL 33904 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: BEVERLY A. TAYLOR

07/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: VS (X) Change () Addition
Name: TAYLOR, MARLIN A
Address: 4006 SW 1ST PL
City-St-Zip: CAPE CORAL, FL 33914 US

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

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

07/14/2005

Electronic Signature of Signing Officer or Director

Date