

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85118

FILED
Apr 25, 2006
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:

TAYLOR, BEVERLY A
3717 DEL PRADO BLVD
STE #5
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: VS () Delete
Name: TAYLOR, MARLIN A
Address: 4006 SW 1ST PL
City-St-Zip: CAPE CORAL, FL 33914 US

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

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 Chapter 119, 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

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date