

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85118

FILED  
Jul 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

3717 DEL PRADO BLVD.  
SUITE 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

**OFFICERS AND DIRECTORS:**

Title: VS  
Name: TAYLOR, MARLIN A  
Address: 3527 SE 3RD AVE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DPT  
Name: TAYLOR, BEVERLY A  
Address: 1100 SE 31ST TERR  
City-St-Zip: CAPE CORAL, FL 33904 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: MARLIN TAYLOR

VS

07/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date