

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L75230

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PHYSICIANS FINANCIAL CONSULTANTS CORPORATION

**Current Principal Place of Business:**

48 TERRACINA AVENUE  
GOLDEN BCH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

48 TERRACINA AVENUE  
GOLDEN BEACH, FL 33160

**New Mailing Address:**

48 TERRACINA AVENUE  
GOLDEN BCH, FL 33160

**FEI Number:** 65-0196106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEFF, NEIL M.  
48 TERRACINA AVENUE  
GOLDEN BEACH, FL 33160 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: PRES  
Name: LEFF, NEIL M  
Address: 48 TERRACINA AVENUE  
City-St-Zip: GOLDEN BEACH, FL 33160

Title: SEC  
Name: LEFF, JENNIFER  
Address: 48 TERRACINA AVENUE  
City-St-Zip: GOLDEN BEACH, FL 33160

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: NEIL LEFF

PRES

04/30/2012

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

\_\_\_\_\_  
Date