

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0696252 AT

DOCUMENT # M11878

1. Entity Name
PHYSICIANS DEVELOPMENT, INC.



FILED
03 APR 17 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O MARY H YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105 US	Mailing Address C/O MARY H YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **94-4068998** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DVS SILVER, RICHARD B <input type="checkbox"/> Delete
NAME	3820 STATE STREET
STREET ADDRESS	SANTA BARBARA CA 93105
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete
NAME	STEIGMAN, DONALD S
STREET ADDRESS	500 W. CYPRESS CREEK RD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	AS <input type="checkbox"/> Delete
NAME	LARSEN, CAITLIN M
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA CA 93105
TITLE	T <input type="checkbox"/> Delete
NAME	DENT, DENNIS L
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA CA 93105
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900017840179 05/01/03--01068--018 **150.00
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)