

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000026590

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** PHYSICIANS LAUNDRY & LINEN SERVICE, INC.

**Current Principal Place of Business:**

1216 E ATLANTIC BLVD, SUITE 7  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

390 N. FEDERAL HIGHWAY  
NO. 145  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

1216 E ATLANTIC BLVD, SUITE 7  
POMPANO BEACH, FL 33060

**New Mailing Address:**

390 N. FEDERAL HIGHWAY  
NO. 145  
DEERFIELD BEACH, FL 33441

**FEI Number:** 65-1004709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRICK, WILLIAM JR  
1216 E ATLANTIC BLVD, SUITE 7  
POMPANO BEACH, FL 33060

**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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: GIBSON-FINKLESTEIN, IRIS  
Address: 390 N. FEDERAL HWY #106  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: GIBSON-FINKLESTEIN, IRIS  
Address: 390 N. FEDERAL HWY #145  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: IRIS GIBSON-FINKLESTEIN

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04/29/2002

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

\_\_\_\_\_  
Date