

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000055793

Entity Name: PHYSICIAN CONSULTANTS, INC.

FILED
Nov 18, 2009
Secretary of State

Current Principal Place of Business:

2800 W. 84 ST SUITE 11
SUITE 11
HIALEAH, FL 33018 US

Current Mailing Address:

PO BOX 5317
HIALEAH, FL 33014

New Principal Place of Business:

5190 NW 167 ST
SUITE 217
MIAMI, FL 33014 US

New Mailing Address:

FEI Number: 65-1019490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASTESI, RAUL JR.
15600 N.W. 67TH AVENUE
SUITE 308
MIAMI LAKES, FL 33014 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: PD () Delete
Name: LEYVA, LAURA
Address: 2800 W. 84 ST SUITE 11
City-St-Zip: HIALEAH, FL 33018

Title: S () Delete
Name: DIAZ, MARTA A
Address: 6442 MILK WAGEN LANE
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEYVA, LAURA
Address: 6383 JACK RABBIT LANE
City-St-Zip: HIALEAH, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURA A LEYVA

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11/18/2009

Electronic Signature of Signing Officer or Director

Date