2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
08-21-2001 90029 045 ***550.00

DOCUMENT # P00000080497

1. Entity Name
PHYSICIAN EDUCATION SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 271464 TAMPA FL 33618	P.O. BOX 271464 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3664592 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RILEY, STEVEN P 4805 WEST LAUREL STREET SUITE 230 TAMPA FL 33607	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Pres NAME Peter Magna Jr., MD ☐ Delete STREET ADDRESS 2727 W. MLK Blvd. Suite 800 CITY-ST-ZIP Tampa FL 33607	TITLE Chairholder NAME Dean Bramlett MD ☐ Change ☑ Addition STREET ADDRESS 1609 Pasadena Ave. S. Suite 2C CITY-ST-ZIP St. Petersburg, FL 33707
TITLE VP NAME Theodore Feldman, MD ☐ Delete STREET ADDRESS 4685 Ponce DeLeon Blvd. CITY-ST-ZIP Coral Gables, FL 33146-2132	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Sec/Treas NAME Sheldon Warman, MD ☐ Delete STREET ADDRESS 4750 N. Federal Hwy Suite 301 CITY-ST-ZIP Ft Lauderdale FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Shareholder NAME Gerald Naccarelli, MD ☐ Delete STREET ADDRESS PO Box 850 CITY-ST-ZIP Hershey, PA 17033-0850	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Shareholder NAME Paul Ziajka, MD ☐ Delete STREET ADDRESS 1511-B Sligh Blvd. CITY-ST-ZIP Orlando, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME Benedict Maniscalco, MD ☐ Delete STREET ADDRESS 2727 W. MLK Blvd. Suite 800 CITY-ST-ZIP Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (5/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven P. Riley SECRETARY 8/15/01 813-960-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #