

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90327 011 ***150.00

DOCUMENT # P00000080497

1. Entity Name

PHYSICIAN EDUCATION SERVICES, INC.

Principal Place of Business

P.O. BOX 271464
TAMPA FL 33618

Mailing Address

P.O. BOX 271464
TAMPA FL 33618

818090



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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
NAME **PLAGMA, PETER JR, MD**
STREET ADDRESS **2727 W. M.L. KING BLVD**
CITY-ST-ZIP **MIAMI FL 33146-2132**
Alagona

TITLE **P (Spelling)** ☒ Change ☐ Addition
NAME **Alagona**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FELDMAN, THEODORE MD**
STREET ADDRESS **4685 PONCE DE LEON BLVD**
CITY-ST-ZIP **MIAMI FL 33146-2132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☐ Delete
NAME **WARNER, SHELDON MD**
STREET ADDRESS **4750 N. FEDERAL HWY., SUITE 301**
CITY-ST-ZIP **FT. LAUDERDALE FL 33608**
Warman

TITLE **SEC (Spelling)** ☒ Change ☐ Addition
NAME **Warman**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SHAR** ☐ Delete
NAME **ZLASKER, PAUL MD**
STREET ADDRESS **1511-B HIGH BLVD**
CITY-ST-ZIP **ORLANDO FL 32806**
Zaijka

TITLE **SHAR (Spelling)** ☒ Change ☐ Addition
NAME **Zaijka**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SHAR** ☐ Delete
NAME **NACCARELLI, GERALD MD**
STREET ADDRESS **P.O. BOX 850**
CITY-ST-ZIP **HERSHEY PA 17033-0850**
Naccarelli

TITLE **SAR (Spelling)** ☒ Change ☐ Addition
NAME **Naccarelli**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SHAR** ☐ Delete
NAME **BRAMLETT, DEAN MD**
STREET ADDRESS **1609 PASADENA AVE. S., SUITE 2C**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)