2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# P01000004053

Entity Name: PHYSICIAN'S ANSWERING SERVICE, INC.

Current Principal Place of Business:

2170 SUNNYDALE BLVD STE T
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2170 SUNNYDALE BLVD STE T
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3691653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLA, NICK P CPA
2759 STATE ROAD 580 STE 211
CLEARWATER, FL 33761 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BARENOREGT, TAMARA
Address: 1402 VERMONT AVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BARENDREGT, TAMARA
Address: 1402 VERMONT AVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: TAMARA BARENDREGT DP 01/21/2004

Electronic Signature of Signing Officer or Director Date