

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021553

FILED
Jan 05, 2004
Secretary of State

Entity Name: INDEPENDENT PHYSICIANS SERVICES, INC.

Current Principal Place of Business:

301 NORTH BAY BLVD.
ANNA MARIA, FL 34216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4106
ANNA MARIA, FL 34216

New Mailing Address:

FEI Number: 65-1084393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, TIMOTHY A
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

QUINN, THOMAS A
301 N. BAY BLVD
P.O. BOX: 4106
ANNA MARIA, FL 34215 US

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: THOMAS A. QUINN

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGR () Delete
Name: QUINN, TOM
Address: 301 N. BAY , P.O BOX 4106
City-St-Zip: ANNA MARIA, FL 34216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: QUINN, TOM
Address: 301 N. BAY , P.O BOX 4106
City-St-Zip: ANNA MARIA, FL 34216

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: THOMAS A. QUINN

OWNE

01/05/2004

Electronic Signature of Signing Officer or Director

Date