


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 029 ***150.00

DOCUMENT # 1. Entity Name P01000043860 Physician Placement Services, Inc.	
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DO NOT WRITE IN THIS SPACE

11029472

2. Principal Place of Business 4601 Sheridan Street		3. Mailing Address 4601 Sheridan Street	
Suite, Apt. #, etc. Suite 301		Suite, Apt. #, etc. Suite 301	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021	Country USA	Zip 33021	Country USA

DO NOT WRITE IN THIS SPACE

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4. FEI Number 65-1097424		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name Martin Allman		
Street Address (P.O. Box Number is Not Acceptable) 17290 N.E. 14th Avenue		
City North Miami Beach	FL	Zip Code 33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **President** 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S,T Zachary Broch 1204 Johnson Street Hollywood FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lisa Bell 1204 Johnson Street Hollywood FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/25/03 954 322 6150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)