

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051957

FILED
Apr 28, 2004
Secretary of State

Entity Name: CONSOLIDATED PHYSICIAN SERVICES, INC.

Current Principal Place of Business:

17310 HIALEAH DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

17310 HIALEAH DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 65-1109907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY, FL 34668 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: DPTS () Delete
Name: CASEY, JEFF R
Address: 17310 HIELEAH DRIVE
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: CASEY, BETTIE A
Address: 17310 HIALEAD DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFF R. CASEY

DPTS

04/28/2004

Electronic Signature of Signing Officer or Director

Date