

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90008 021 ***150.00

DOCUMENT # P01000058327

1. Entity Name
PHYSICIANS RELOCATION SERVICES, INC.

Principal Place of Business
**624 ONTARIO AVENUE
 TAMPA FL 33606**

Mailing Address
**624 ONTARIO AVENUE
 TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
806 W. DeLeon Street
 Suite, Apt. #, etc.
Suite C
 City & State
Tampa FL

3. Mailing Address
806 W. DeLeon Street
 Suite, Apt. #, etc.
Suite C
 City & State
Tampa FL

4. FEI Number
59-3728972

Applied For
☐ Not Applicable

Zip
33606

Country
USA

Zip
33606

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANELLI, DENNIS E
 100 NORTH TAMPA STREET
 SUITE 3600
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Russo, Joseph
 Street Address (P.O. Box Number is Not Acceptable)
3708 W. Euclid Ave
 City
Tampa FL Zip Code
33629

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 **Joseph C. Russo** **4/18/02**
 Signature, typed or printed name of registered agent and date 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYERS, APRIL D		NAME		
STREET ADDRESS	624 ONTARIO AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONE, DEBORAH J		NAME		
STREET ADDRESS	604 MARMORA		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: **(813) 293-7224**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)