

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058327

FILED
May 05, 2005
Secretary of State

Entity Name: PHYSICIANS RELOCATION SERVICES, INC.

Current Principal Place of Business:

412 S. HOWARD AVE.
SUITE 7
TAMPA, FL 33606

New Principal Place of Business:

New Mailing Address:

1400 BRIGHTON AVE.
OKLAHOMA CITY, OK 73120

Current Mailing Address:

412 S. HOWARD AVE.
SUITE 7
TAMPA, FL 33606

FEI Number: 59-3728972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYERS, APRIL
412 S HOWARD AVE
SUITE 7
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

AYERS, APRIL
624 ONTARIO AVE.
TAMPA, FL 33606 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: APRIL AYERS

05/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AYERS, APRIL D
Address: 412 S. HOWARD AVE., SUITE 7
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AYERS, APRIL D
Address: 624 ONTARIO
City-St-Zip: TAMPA, FL 33606

Title: TREA () Change (X) Addition
Name: PAUL, AYERS
Address: 1400 BRIGHTON AVE.
City-St-Zip: OKLAHOMA CITY, OK 73120

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: APRIL AYERS

PRES

05/05/2005

Electronic Signature of Signing Officer or Director

Date