

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90080 021 ***150.00

DOCUMENT # P01000061193

1. Entity Name
PHYSICIANS FINANCIAL SERVICES, INC.



Principal Place of Business
7700 N KENDALL DR STE 405
MIAMI, FL 33156

Mailing Address
7700 N KENDALL DR STE 405
MIAMI, FL 33156

2. Principal Place of Business
8660 W. FLAGLER ST
Suite, Apt. #, etc. #200

3. Mailing Address
8660 W. FLAGLER ST
Suite, Apt. #, etc. #200

01092006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL
Zip 33144 Country USA

City & State
MIAMI FL
Zip 33144 Country USA

4. FEI Number
65-3756827
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N KENDALL DR STE 405
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name LORN LEITMAN
Street Address (P.O. Box Number is Not Acceptable)
8660 W. FLAGLER ST, #200
City MIAMI FL Zip Code 33144

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEITMAN, LORN	
STREET ADDRESS	791 CRANDON BLVD., #907	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, IRVIN	
STREET ADDRESS	1810 NE 198 TERR	
CITY-ST-ZIP	N MAIMI BCH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	791 CRANDON BLVD, #1508	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Lorn Leitman)

4/12/06 305-227-5116