

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90043 025 \*\*\*150.00

<b>DOCUMENT # P01000061193</b> 1. Entity Name PHYSICIANS FINANCIAL SERVICES, INC.	
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Principal Place of Business 8660 W FLAGLER ST #200 MIAMI, FL 33144	Mailing Address 8660 W FLAGLER ST #200 MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**

	
01072008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-3756827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LEITMAN, LORN 8660 W FLAGLER ST. #200 MIAMI, FL 33144	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITMAN, LORN 791 CRANDON BLVD., #1508 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **2/29/08 305-227-5176**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #