2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 07, 2004 08:00 AM Secretary of State

DOCUMENT # P0100 1. Entity Name PHYSICIANS BUSINESS SO		
Principal Place of Business 1987 NW 88TH COURT #201 MIAMI, FL 33172	Mailing Address 1987 NW 88TH COURT #201 MIAMI, FL 33172	

DO NOT WRITE IN THIS SPACE

MIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR



07012004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1121734 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIRADO, ALEXANDER 1987 NW 88TH COURT #201 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33172			IN THIS SPACE			
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 agont and title (Lapplicable (NOTE Registered Agent signature required when reinstating				required when reinstating)	DATE	
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000163528 07/07/04-80005-008 550.00	
10.	OFFICERS AND DIREC	CTORS			220.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRADO, ALEXANDER 1987 NW 68TH COURT #201 MIAMI, FL 33172					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRADO, LOURDES M 1987 NW 88TH COURT #201 MIAMI, FL 33172		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
name Street address City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- T2		
12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						