


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90033 028 ***150.00

DOCUMENT # P02000000960			
1. Entity Name PHYSICIAN'S ENROLLMENT & CREDENTIALING SERVICES, INC.			
Principal Place of Business 9637 SE SHARON ST HOBE SOUND FL 33455		Mailing Address 9637 SE SHARON ST HOBE SOUND FL 33455	
2. Principal Place of Business 115 A Lighthouse Cir		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tequesta FL		City & State same	
Zip 33469	Country Palm Beach	Zip	Country
6. Name and Address of Current Registered Agent DAMERON, KATHY 9637 SE SHARON ST. HOBE SOUND FL 33455		7. Name and Address of New Registered Agent 115 A Lighthouse Circle Tequesta FL 33469	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DAMERON, KATHY L 9637 SE SHARON ST HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 A Lighthouse Cir. Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMERON, KATHY L 9637 SE SHARON ST HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Kathy L. Dameron		Date: 2/5/05 561-312-6591	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	