

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90279 038 ***150.00

DOCUMENT # P02000000960

1. Entity Name
PHYSICIAN'S ENROLLMENT & CREDENTIALING SERVICES, INC.



Principal Place of Business
**9637 SE SHARON ST
HOPE SOUND FL 33455**

Mailing Address
**9637 SE SHARON ST
HOPE SOUND FL 33455**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hobe Sound

City & State
Hobe Sound

4. FEI Number
30-0018610

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, ELIZABETH M
FIORELLO INCOME TAX SERVICE
3094 JOG RD
GREENACRES FL 33467**

Name **Kathy Dameron**
Street Address (P.O. Box Number is Not Acceptable)
9637 SE Sharon St.
City **Hobe Sound FL** Zip Code **33455**

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 **Kathy Dameron**

2-11-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPV**
STREET ADDRESS **DAMERON, DAVID D**
CITY-ST-ZIP **9637 SE SHARON ST
HOPE SOUND FL 33455**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Hobe Sound**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **DAMERON, KATHY L**
CITY-ST-ZIP **9637 SE SHARON ST
HOPE SOUND FL 33455**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Hobe Sound**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE Kathy Dameron

2-11-03

561-712-6265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)