

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90006 039 ***150.00

DOCUMENT # P02000110071

1. Entity Name
GLOBAL PHYSICIANS SERVICES, INC.



Principal Place of Business
4598 CLEARWATER HARBOR DR S
LARGO, FL 33770

Mailing Address
P.O. BOX 1691
LARGO, FL 33779

DO NOT WRITE IN THIS SPACE

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3662275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSCIN, LEE A MD
4598 CLEARWATER HARBOR DR S
LARGO, FL 33770

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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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GOSCIN-PENNY, LEE A
STREET ADDRESS 4598 CLEARWATER HARBOR DR S
CITY-ST-ZIP LARGO, FL 33770

TITLE ~~VBM~~
NAME ~~MELIN, CHARLES E JR~~
STREET ADDRESS ~~687 ADDISON DR NE~~
CITY-ST-ZIP ~~SAINT PETERSBURG, FL 337163443~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee A Goscin - Penny MD 4/14/04 727 5422930