FILED
Jul 17, 2003 8:00 am
Secretary of State
06-11-2003 90063 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/1

DOCUMENT # P02000110071 (L)

55051488

1. Entity Name
GLOBAL PHYSICIANS SERVICES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11465 Ulmerton Rd.	P.O. BOX. 1691
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO, FL	City & State: LARGO FL
Zip: 33778 Country: USA	Zip: FL 33779 Country: USA

4. FEI Number: 11-3662275 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: LEE A GOSCIN M.D

Street Address (P.O. Box Number is Not Acceptable): 4598 Clearwater Harbor Dr S

City: LARGO FL Zip Code: 33770

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: Lee A Lee Alice Goscin LEE A. GOSCIN 6/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	
NAME	LEE A. GOSCIN-PENNY M.D.
STREET ADDRESS	PRESIDENT, Clearwater Harbor Dr
CITY-ST-ZIP	4598 LARGO FL 33770
TITLE	V.P., Director of Marketing
NAME	Charles E. Melvin Jr.
STREET ADDRESS	887 Addison DR. NE
CITY-ST-ZIP	St. Petersburg, FL 33716-3447
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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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

LEE ALICE GOSCIN-PENNY M.D.

SIGNATURE: Lee Alice Goscin-Penny M.D. 6/7/03 727 581-0915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #