

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062181

FILED  
Mar 18, 2005  
Secretary of State

Entity Name: PHYSICIAN MEDICAL SERVICES, INC.

## Current Principal Place of Business:

3237 HAWKS NEST DRIVE  
KISSIMMEE, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

3237 HAWKS NEST DRIVE  
KISSIMMEE, FL 34741

## New Mailing Address:

FEI Number: 36-4533818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, KATHERINE L  
2033 MAIN ST STE 600  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LESTER, KENNETH T SR  
Address: 3237 HAWKS NEST DRIVE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: LESTER, KENNETH T JR  
Address: 4931 80TH AVE. CIRCLE EAST  
City-St-Zip: SARASOTA, FL 34243

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH T. LESTER SR.

D

03/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date