
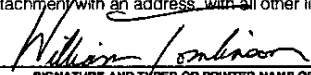


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90002 019 ***150.00

DOCUMENT # P03000117293 1. Entity Name PHYSICIAN SUPPORT SERVICES, INC.					
Principal Place of Business 1342 COLONIAL BLVD. UNIT C24 FORT MYERS, FL 33901			Mailing Address 1342 COLONIAL BLVD. UNIT C24 FORT MYERS, FL 33901		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 200295771				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRIETLOW, JOY ANN 1342 COLONIAL BLVD. UNIT C24 FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	D <input type="checkbox"/> Delete KRIETLOW, JOY ANN 1342 COLONIAL BLVD. UNIT C24 FORT MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete TOMLINSON, WILLIAM 1342 COLONIAL BLVD. UNIT C24 FORT MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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: 			William Tomlinson 05-04-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Attachment

57055932

SAMUEL GUIRGUIS, B.S.B.A., EA

Accounting and Tax Services
2952 Cleveland Avenue
Fort Myers, Florida 33901
SGenrolledagent@aol.com
(239) 277-0829 vc
(239) 277-3288 fx

May 20, 2004

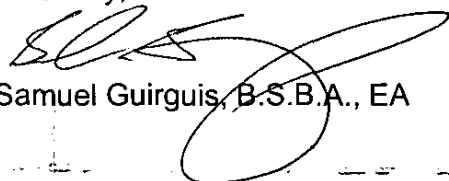
FL Dept of State
Division of Corporations
Po Box 1500
Tallahassee, FL 32302-1500

Re: corporate annual report P03000117293

Dear Sir or Madam,

We respectfully request that you abate the penalties associated with the late filing of the corporate annual report for Physician Support Services, Inc (20-0295771). My client never received the preprinted form and as a first year corporation was not aware that he was required to file. Please accept the completed form that we were able to obtain from your website as well as the check for the \$150 annual fee. Thank you in advance for your understanding.

Sincerely,


Samuel Guirguis, B.S.B.A., EA