



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90130 023 ***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 1342 COLONIAL BLVD Suite, Apt. #, etc. UNIT G56		3. Mailing Address 1342 COLONIAL BLVD Suite, Apt. #, etc. UNIT G56		 04122005 Chg-P CR2E034 (10/03)																																																																									
City & State FORT MYERS		City & State FORT MYERS																																																																											
Zip 33907		Zip 33907																																																																											
Country LEE		Country LEE																																																																											
4. FEI Number 20-0295771				Applied For <input type="checkbox"/> Not Applicable																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name TOMLINSON, JOY ANN Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD. UNIT G56 City FORT MYERS FL Zip Code 33908																																																																									
6. Name and Address of Current Registered Agent KRIETLOW, JOY ANN 1342 COLONIAL BLVD. UNIT C24 FORT MYERS, FL 33901																																																																													
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 <u><i>Joy Ann Tomlinson</i></u> JOY ANN TOMLINSON DATE 4-11-05 <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 \$150.00 After May 1, 2005 Fee will be \$550.00																																																																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KRIETLOW, JOY ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1342 COLONIAL BLVD. UNIT C24</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33901</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TOMLINSON, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1342 COLONIAL BLVD. UNIT C24</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33901</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	KRIETLOW, JOY ANN		STREET ADDRESS	1342 COLONIAL BLVD. UNIT C24		CITY-ST-ZIP	FORT MYERS, FL 33901		TITLE	D	<input type="checkbox"/> Delete	NAME	TOMLINSON, WILLIAM		STREET ADDRESS	1342 COLONIAL BLVD. UNIT C24		CITY-ST-ZIP	FORT MYERS, FL 33901		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>William E. Tomlinson</i></u> 4-11-05 239-278-1155 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																													