

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117293

FILED
Feb 17, 2009
Secretary of State

Entity Name: PHYSICIAN SUPPORT SERVICES, INC.

Current Principal Place of Business:

1342 COLONIAL BLVD
SUITE E34
FORT MYERS, FL 33907

Current Mailing Address:

1342 COLONIAL BLVD
SUITE E34
FORT MYERS, FL 33907

New Principal Place of Business:

1400 COLONIAL BLVD
SUITE 19
FORT MYERS, FL 33907

New Mailing Address:

1400 COLONIAL BLVD
SUITE 19
FORT MYERS, FL 33907

FEI Number: 20-0295771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLINSON, JOY ANN
1342 COLONIAL BLVD
SUITE E34
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

TOMLINSON, JOY ANN
1400 COLONIAL BLVD
SUITE 19
FORT MYERS, FL 33907 US

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:

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOMLINSON, JOY ANN
Address: 1342 COLONIAL BLVD SUITE E34
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: TOMLINSON, WILLIAM E
Address: 1342 COLONIAL BLVD SUITE E34
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOMLINSON, JOY ANN
Address: 1400 COLONIAL BLVD SUITE 19
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Change () Addition
Name: TOMLINSON, WILLIAM E
Address: 1400 COLONIAL BLVD SUITE 19
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOY TOMLINSON

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date