

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016095

Entity Name: PHYSICIAN EXPERTS, INC.

FILED
Jul 19, 2005
Secretary of State

Current Principal Place of Business:

3489 AVOCADO DR.
LARGO, FL 33770

New Principal Place of Business:

3226 W. KENNEDY BLVD
TAMPA, FL 33609

Current Mailing Address:

160 MONTE VISTA
IRVINE, CA 92602

New Mailing Address:

3226 W. KENNEDY BLVD.
TAMPA, FL 33609

FEI Number: 61-1384453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYLAN, CHRISTINA MD
3489 AVOCADO DR.
LARGO, FL 33770 US

Name and Address of New Registered Agent:

PAYLAN, CHRISTINA MD
3226 W. KENNEDY BLVD.
TAMPA, FL 33609 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:

07/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SARIEH, WAIL MD
Address: 3489 AVOCADO DR.
City-St-Zip: LARGO, FL 33770

Title: V (X) Delete
Name: PAYLAN, CHRISTINA MD
Address: 3489 AVOCADO DR.
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAYLAN, CHRISTINA B
Address: 3226 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

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: CHRISTINA PAYLAN, MD

P

07/19/2005

Electronic Signature of Signing Officer or Director

Date