

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041615

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: PROFESSIONAL HEALTH CARE SERVICES, INC.

## Current Principal Place of Business:

19805 WELLINGTON MANOR BOULEVARD  
LUTZ, FL 33549

## New Principal Place of Business:

917 N. NORTHLAKE DRIVE  
HOLLYWOOD, FL 33019

## Current Mailing Address:

P.O. BOX 46488  
TAMPA, FL 33646

## New Mailing Address:

917 N. NORTHLAKE DRIVE  
HOLLYWOOD, FL 33019

FEI Number: 20-2535561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUBLEY & BUBLEY, P.A.  
3820 NORTHDAL BOULEVARD  
SUITE 312  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

SPECHLER, BRENT A PRES  
917 N. NORTHLAKE DRIVE  
HOLLYWOOD  
FLORIDA, FL 33019 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: BRENT SPECHLER

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete  
Name: BUBLEY, MICHAEL S  
Address: P.O. BOX 46488  
City-St-Zip: TAMPA, FL 33646

Title: PSD ( ) Delete  
Name: SPECHLER, BRENT A  
Address: 917 N. NORTHLAKE DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

## 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 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: BRENT SPECHLER

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

Date