2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P05000043785

Entity Name: PHYSICIAN SERVICES OF AMERICA, INC.

Current Principal Place of Business:

6450 SHORELINE DR
9106
ST PETERSBURG, FL 33708

New Principal Place of Business:

6551 SHORELINE DR
6306
ST PETERSBURG, FL 33708

Current Mailing Address:

6450 SHORELINE DR
9106
ST PETERSBURG, FL 33708

New Mailing Address:

6551 SHORELINE DR
6306
ST PETERSBURG, FL 33708

FEI Number: 20-2970548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFLIN, CHARLES E JR
6450 SHORELINE DR
9106
ST PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

COFLIN, CHARLES E JR
6551 SHORELINE DR
6306
ST PETERSBURG, FL 33708 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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COFLIN, CHARLES E
Address: 6450 SHORELINE DR #9106
City-St-Zip: ST PETERSBURG, FL 33708

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COFLIN, CHARLES E
Address: 6551 SHORELINE DR #6306
City-St-Zip: ST PETERSBURG, FL 33708

Title: VP ( ) Change (X) Addition
Name: COFLIN, RENEE J
Address: 6551 SHORELINE DRIVE #6306
City-St-Zip: SAINT PETERSBURG, FL 33708

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: CHARLES E. COFLIN P 04/28/2009
Electronic Signature of Signing Officer or Director — Date