

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000057990

**FILED**  
**Nov 16, 2006**  
**Secretary of State**

**Entity Name:** PHYSICIAN SERVICES & SOLUTIONS II, INC.

**Current Principal Place of Business:**

9900 STIRLING ROAD  
SUITE 204  
COOPER CITY, FL 33024

**New Principal Place of Business:**

2900 GLADES CIRCLE  
SUITE 250  
WESTON, FL 33327

**Current Mailing Address:**

9900 STIRLING ROAD  
SUITE 204  
COOPER CITY, FL 33024

**New Mailing Address:**

2900 GLADES CIRCLE  
SUITE 250  
WESTON, FL 33327

**FEI Number:** 20-2711017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, TRACEY  
9900 STIRLING ROAD  
SUITE 204  
COOPER CITY, FL 33024 US

**Name and Address of New Registered Agent:**

MARTIN, TRACEY  
2900 GLADES CIRCLE  
SUITE 250  
WESTON, FL 33327 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: TRACEY MARTIN

11/16/2006

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: MARTIN, TRACEY  
Address: 9900 STIRLING ROAD #204  
City-St-Zip: COOPER CITY, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MARTIN, TRACEY  
Address: 2900 GLADES CIRCLE, SUITE 250  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACEY H MARTIN

MS

11/16/2006

Electronic Signature of Signing Officer or Director

Date