

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076863

FILED
Apr 16, 2009
Secretary of State

Entity Name: PHYSICIANS BUSINESS DEVELOPMENT, INC.

Current Principal Place of Business:

517 5TH TERRACE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

517 5TH TERRACE
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 20-2899726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, STEPHANIE
517 5TH TERRACE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

CAREY, STEPHANIE
517 5TH TERRACE
PALM BEACH GARDENS, FL 33418 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: STEPHANIE CAREY

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, STEPHANIE
Address: 517 5TH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAREY, STEPHANIE
Address: 517 5TH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: STEPHANIE CAREY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date