


FILED
Jul 25, 2006 8:00 am
Secretary of State

50023073

DOCUMENT # P05000094997				07-25-2006 90027 028 ***150.00	
1. Entity Name PHYSICIANS INSURANCE BROKERAGE & ECONOMIC SERVICES CORPORATION					
Principal Place of Business 10208 33RD PLACE SUNRISE, FL 33351 "NEW"		Mailing Address P.O. BOX 451245 SUNRISE, FL 33345 "NEW"		50023073	
2. Principal Place of Business 9551 WELDON CIRCLE Suite, Apt. #, etc. SUITE 206 BUILDING E City & State TAMARAC, FLORIDA Zip 33321 Country USA		3. Mailing Address 9551 WELDON CIRCLE Suite, Apt. #, etc. SUITE 206 BUILDING E City & State TAMARAC, FLORIDA Zip 33321 Country USA		07192006 Chg-P CR2E034 (11/05)	
4. FEI Number 30-0235440		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YOUNER, DAVID 10208 33RD PLACE SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name NEW ADDRESS Street Address (P.O. Box Number is Not Acceptable) 9551 WELDON CIRCLE SUITE 206 BUILDING E City TAMARAC FL Zip Code 33321			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE David Yoner DATE 7-21-26 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP P YOUNER, DAVID 10208 33RD PLACE SUNRISE, FL 33351 NEW ADDRESS		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete 9551 WELDON CIRCLE SUITE 206 BUILDING E TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE David Yoner		DATE 7-21-26 Daytime Phone # 954 58601			