


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000094997 1. Entity Name PHYSICIANS INSURANCE BROKERAGE & ECONOMIC SERVICES CORPORATION	
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Principal Place of Business 9551 WELDON CIR SUITE 206 BLDG E TAMARAC, FL 33321	Mailing Address 9551 WELDON CIR SUITE 206 BLDG E TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



03102007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0235440	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YOUNER, DAVID 9551 WELDON CIR SUITE 206 BLDG E TAMARAC, FL 33321
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**DO NOT WRITE
IN THIS SPACE**

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: <i>David Youner</i> PRESIDENT 3-20-07 <small>(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNER, DAVID 9551 WELDON CIR SUITE 206 BLDG E TAMARAC, FL 33321
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03/30/07-80011-019 150.00

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: <i>David Youner</i> PRESIDENT 3-20-07 954 586 0557 <small>(Signature and typed or printed name of signing officer or director) Date Daytime Phone #</small>
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