

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000167745

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: PHYSICIANS' CONTINUING EDUCATION CORP.

**Current Principal Place of Business:**

4475 HWY US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

4475 HWY US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 20-4051543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

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

ELIZABETH, ROBINS  
4475 HWY US 1 SOUTH  
ST AUGUSTTINE, FL 32086 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: ELIZABETH ROBINS

01/10/2007

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: PD ( ) Delete  
Name: ROBINS, LAWRENCE  
Address: 377 PARK AVE. S.  
City-St-Zip: NEW YORK, NY 10016

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

Title: PD (X) Change ( ) Addition  
Name: ROBINS, LAWRENCE  
Address: 133 RT 304 C/O STIRRUP  
City-St-Zip: BARDONIA, NY 10954

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: LAWRENCE ROBINS

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date