

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167745

FILED
Feb 03, 2009
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:

4475 HWY US 1 SOUTH
504
ST. AUGUSTINE, FL 32086

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 ()

Name and Address of Current Registered Agent:

ELIZABETH, ROBINS
4475 HWY US 1 SOUTH
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE ROBINS

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date