2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005013

Entity Name: MEDICAL PHYSICIAN SERVICES, INC.

PALM BEACH GARDENS, FL 33410

City-St-Zip:

FILED Mar 21, 2009 Secretary of State

-			,			
Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
	LECREST DRI ACH GARDEN		5			
Current Mailing Address:				New Mailing Addres	New Mailing Address:	
	LECREST DRI ACH GARDEN			9361 APPLECREST PALM BEACH GARD		
FEI Number:	: 20-4070847	FEI Number Applie	ed For () F	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registere	d Agent:	Name and Address	of New Registered Agent:	
9361 APPL PALM BEA The above	RE, JEANNIE LECREST DRI ACH GARDEN named entity	VE S, FL 33410 US	_	ose of changing its register	ed office or registered agent, or both,	
SIGNATUR						
0.0		nic Signature of Re	gistered Agent		Date	
Election Car	mpaign Financin	g Trust Fund Contrib	ution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BELLAFIORE, 9361 APPLECE			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (BELLAFIORE, 9361 APPLECE			Title: Name: Address:	() Change () Addition	

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: JEANNIE K. BELLAFIORE PD 03/21/2009