

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000005013

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL PHYSICIAN SERVICES, INC.

**Current Principal Place of Business:**

10475 RIVERSIDE DR., BAY 3  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

10475 RIVERSIDE DR., BAY 3  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 20-4070847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELLAIORE, JEANNIE K  
9361 APPLECREST DRIVE  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BELLAIORE, JEANNIE K  
**Address:** 10475 RIVERSIDE DR., BAY 3  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

**Title:** D  
**Name:** BELLAIORE, VINCENT  
**Address:** 10475 RIVERSIDE DR., BAY 3  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

I hereby 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 all other like empowered.

**SIGNATURE:** JEANNIE BELLAIORE

PD

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date