## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000038664

FILED Mar 28, 2007 Secretary of State

Entity Name: PHYSICIAN SUBMISSION SERVICES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
15 EBY CHIQUES RD MOUNT JOY, PA 17552	
Current Mailing Address:	New Mailing Address:
15 EBY CHIQUES RD MOUNT JOY, PA 17552	
FEI Number: 20-4572412 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
GALLION, LINDA S 3643 CORTEZ RD. WEST BRADENTON, FL 34210 US	GALLION, LINDA 3643 CORTEZ RD. WEST BRADENTON, FL 34210 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: LINDA GALLION	03/28/2007
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         PST () Delete           Name:         ESTOCK, DOUG           Address:         15 EBY CHIQUES RD           City-St-Zip:         MOUNT JOY, PA 17552	Title: PT (X) Change ( ) Addition  Name: ESTOCK, DOUG  Address: 15 EBY CHIQUES RD  City-St-Zip: MOUNT JOY, PA 17552
Title: ( ) Delete Name: Address: City-St-Zip:	Title: S,VP () Change (X) Addition Name: GROSSMAN, ERIC Address: 547 W. JACKSON, 10TH FL. City-St-Zip: CHICAGO, IL 60661
Title: ( ) Delete Name: Address: City-St-Zip:	Title: D ( ) Change (X) Addition Name: MALOO, ANIL Address: 547 W. JACKSON, 10TH FL. City-St-Zip: CHICAGO, IL 60661

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: ERIC GROSSMAN S 03/28/2007