

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038664

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

15 EBY CHIQUES RD  
MOUNT JOY, PA 17552

**New Principal Place of Business:**

**Current Mailing Address:**

130 S. JEFFERSON  
300  
CHICAGO, IL 60661 US

**New Mailing Address:**

**FEI Number:** 20-4572412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GALLION, LINDA  
3643 CORTEZ RD. WEST  
BRADENTON, FL 34210 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:** PT  
**Name:** ESTOCK, DOUG  
**Address:** 15 EBY CHIQUES RD  
**City-St-Zip:** MOUNT JOY, PA 17552 US

**Title:** S  
**Name:** GROSSMAN, ERIC  
**Address:** 130 S. JEFFERSON, SUITE 300  
**City-St-Zip:** CHICAGO, IL 60661 US

**Title:** D  
**Name:** MALOO, ANIL  
**Address:** 130 S. JEFFERSON, SUITE 300  
**City-St-Zip:** CHICAGO, IL 60661 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: ERIC GROSSMAN

SECY

01/13/2012

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

\_\_\_\_\_  
Date