

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000046677

Entity Name: PHYSICIAN'S ELITE SERVICES, INC.

FILED
Oct 09, 2009
Secretary of State

Current Principal Place of Business:

5507 BOYNTON GARDENS DRIVE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

410 EVERNIA UNIT 313
WEST PALM BEACH, FL 33401

Current Mailing Address:

5507 BOYNTON GARDENS DRIVE
BOYNTON BEACH, FL 33437

New Mailing Address:

410 EVERNIA UNIT 313
WEST PALM BEACH, FL 33401

FEI Number: 22-3927984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESQUIVEL, GUSTAVO A OWNER
5507 BOYNTON GARDENS DRIVE
BOYNTON BEACH, FL 33437 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: GUSTAVO A. ESQUIVEL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ESQUIVEL, GUSTAVO A
Address: 5507 BOYNTON GARDENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

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: GUSTAVO A. ESQUIVEL

PRES

10/09/2009

Electronic Signature of Signing Officer or Director

Date