


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 039 ***150.00

DOCUMENT # P07000094958		
1. Entity Name FLORIDA PHYSICIAN SERVICES CORPORATION		

Principal Place of Business 1332 SURFSIDE LANE SEBASTIAN, FL 32958	Mailing Address 1332 SURFSIDE LANE SEBASTIAN, FL 32958
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2. Principal Place of Business - No P.O. Box # 12720 East US Hwy 92	3. Mailing Address Suite, Apt. #, etc. Lot 1008
City & State Dover FLORIDA	City & State Dover FLORIDA
Zip 33527	Country USA



01082008 Chg-P CR2E034 (12/06)

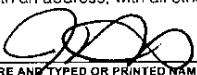
6. Name and Address of Current Registered Agent THOMPSON, JENNIFER L 1332 SURFSIDE LANE SEBASTIAN, FL 32958	
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4. FEI Number 26-2264075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  - President	DATE 4/18/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES THOMPSON, JENNIFER L 1332 SURFSIDE LANE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  Jennifer Thompson	DATE 4/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	