## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0700094958  1. Entity Name FLORIDA PHYSICIAN SERVICES CORPORATION							04-11-200	8 90062 039 *	**150.00
Principal Plac	o of Busines	: 6	Mailing Address			-			
1332 SURFS		55	1332 SURFSIDE LANE				•		
SEBASTIAN,			SEBASTIAN, FL 32958						
SCOASTIAN,	11 32330		JEDNOTHIN, TE DESGO	•					
2. Principal P	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc. Lo+ 1008		Suite, Apt. #, etc.		01082008	Chg-P	CR2E034 (12/0	06)		
City & State Dover FLORIDA		City & State		4. FEI Numbe	22640	75	Applied For Not Applicable		
Zip Country 33527 USA		Zip Country		· .	5. Certificate of	of Status Desired	\$8.75 Fee Req	Additional uired	
		e and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent	
					Name	•			
THOMPSON, JENNIFER L 1332 SURFSIDE LANE					Street Address	(P.O. Box Numbe	r is Not Acceptable	e)	
SEBASTIA				-					
	,								
					City			FL Zip (	Code
8 The above	named ent	ity submits this statement fo	or the purpose of changing its	registered	office or registe	red agent, or both	h in the State of Flo	1	ith, and accept
		stered agent.	_						
			- Presder	+				4/18/08	•
SIGNATURE.	Signature, type	id or printed name of registered agent	and title if applicable. (NOT	E: Registered A	Agent signature require	d when reinstating)		DATE	
	E NOW!!!	FEE IS \$150.00	9. Election Campa	ion Financi	ing \$5	.00 May Be			
After Ma	ay 1, 200	8 Fee will be \$550.	OO Trust Fund Cont	~		ded to Fees			
After Ma	ay 1, 200		••	~		ded to Fees	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
·	<b>ay 1, 200</b> PRES	8 Fee will be \$550.	••	tribution.		ded to Fees	CHANGES TO OFF	CICERS AND DIRECT	———i
10.	PRES	8 Fee will be \$550.	DIRECTORS	11.		ded to Fees	CHANGES TO OFF		———i
10. IITLE NAME STREET ADDRESS	PRES THOMPS 1332 SU	OFFICERS AND OFFICERS AND SON, JENNIFER L RESIDE LANE	DIRECTORS	11. IIILE NAME STREET	ADDRESS ADDRESS	ded to Fees	CHANGES TO OFF		———i
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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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Lennifer Thompson

4/8/08

301/514-0996