

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000094958

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PHYSICIAN SERVICES CORPORATION

**Current Principal Place of Business:**

12720 EAST US HWY 92  
LOT 1008  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

1332 SURFSIDE LANE  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 26-2224075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCIS, JENNIFER L  
1332 SURFSIDE LANE  
SEBASTIAN, FL 32958 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: PRES  
Name: FRANCIS, JENNIFER L  
Address: 1332 SURFSIDE LANE  
City-St-Zip: SEBASTIAN, FL 32958

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: JENNIFER FRANCIS

PRES

02/28/2011

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

\_\_\_\_\_  
Date