2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108862

FILED
Jan 23, 2008
Secretary of State

Entity Name: PHYSICIANS ASSISTANCE CORPORATION

Current Principal Place of Business:

4446 HENDRICKS AVE 411
JACKSONVILLE, FL 32204

New Principal Place of Business:

4446 HENDRICKS AVE 411
JACKSONVILLE, FL 32207

Current Mailing Address:

4446 HENDRICKS AVE 411
JACKSONVILLE, FL 32204

New Mailing Address:

4446 HENDRICKS AVE 411
JACKSONVILLE, FL 32207

FEI Number: 26-1221257   **FEI Number Applied For ( )**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, JAMES N
BANK OF AMERICA TOWER
ONE PROGRESS PLAZA SUITE 1210
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

COX, STEPHEN E
4446 HENDRICKS AVE 411
JACKSONVILLE, FL 32207   US

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: STEPHEN E. COX   01/23/2008
_____
            Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR.   ( ) Change (X) Addition
Name: COX, STEPHEN E
Address: 4446 HENDRICKS AVE 411
City-St-Zip: JACKSONVILLE, FL 32207

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: STEPHEN E. COX   MR.   01/23/2008
_____
            Electronic Signature of Signing Officer or Director   Date