2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P07000112184

Entity Name: PHYSICIAN SUPERVISOR, P.A.

Current Principal Place of Business:

4916 MILE STRETCH DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

2404 US HIGHWAY 19
HOLIDAY, FL 34691

Current Mailing Address:

4916 MILE STRETCH DRIVE
HOLIDAY, FL 34690

New Mailing Address:

2404 US HIGHWAY 19
HOLIDAY, FL 34691

FEI Number: 26-1206138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN, DAVID B
4916 MILE STRETCH DRIVE
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

DEAN, DAVID B
2404 US HWY 19
HOLIDAY, FL 34691 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: DAVID B. DEAN 03/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEAN, DAVID B
Address: 4916 MILE STRETCH DRIVE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEAN, DAVID B
Address: 2404 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

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: DAVID B. DEAN P 03/17/2009
Electronic Signature of Signing Officer or Director Date