

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094408

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PHYSICIANS AND PROFESSIONAL LEASING CORP

**Current Principal Place of Business:**

1961-A WEST NINTH STREET  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1961-A WEST NINTH STREET  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LECHTNER, NEAL PA  
1985 S OCEAN DRIVE  
HALLANDALE, FL 33009 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KATSMAN, SCOTT M.D.  
Address: 677 HERMITAGE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VP ( ) Delete  
Name: NAVARRO, PIERO  
Address: 4417 ONEGA CIRCLE  
City-St-Zip: WEST PALM GARDENS, FL 33409 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KATZMAN, SCOTT  
Address: 2401 FRIST BOULEVARD, SUITE 7  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SCOTT KATZMAN

P

04/30/2009

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

\_\_\_\_\_  
Date