2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2011
Secretary of State

DOCUMENT# P09000083402

Entity Name: CERTIFIED PHYSICIAN SERVICES INC

Current Principal Place of Business:

9878 CLINT MOORE RD
SUITE 202
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

9878 CLINT MOORE RD
SUITE 202
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 27-1085593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHEN M. ZALKA, CPA, P.A.
6437 NW 99TH AVE
PARKLAND, FL 33076 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: P
Name: DEMARCHI, WILLIAM
Address: 9878 CLINT MOORE RD SUITE 202
City-St-Zip: BOCA RATON, FL 33496 US

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: WILLIAM M DEMARCHI PRES 06/13/2011

Electronic Signature of Signing Officer or Director Date