2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# P10000101081

Entity Name: PHYSICIAN DISABILITY EXAMINATION SERVICES, INC.

Current Principal Place of Business:

3389 SHERIDAN STREET
407
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3389 SHERIDAN STREET
407
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 27-4310706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMSON, STANFORD
3389 SHERIDAN STREET
407
HOLLYWOOD, FL 33021 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: CEO
Name: WILLIAMSON, STANFORD
Address: 3389 SHERIDAN STREET # 407
City-St-Zip: HOLLYWOOD, FL 33021

Title: CFO
Name: SMITH, PAMELA
Address: 3389 SHERIDAN STREET #407
City-St-Zip: HOLLYWOOD, FL 33021

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: STANFORD WILLIAMSON CEO 01/24/2011

Electronic Signature of Signing Officer or Director — Date