


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000006239		
1. Entity Name PREFERRED PHYSICIAN MANAGEMENT SERVICES, INC.		
Principal Place of Business 2295 NW CORPORATE BLVD., #140 BOCA RATON, FL 33431		Mailing Address 2295 NW CORPORATE BLVD., #140 #300W BOCA RATON, FL 33431



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3188409	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRUDEN, JAMES 980 N FEDERAL HWY #404 BOCA RATON, FL 33432		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BROWN, GARY 2295 NW CORPORATE BLVD., #140 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UD00000324393 05/16/08-80070-016 158-75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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, location in Block 10 or Block 11, if changed, or on an attachment with an address, with alteration, is empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/22/08** Daytime Phone: _____