

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000082172 (5)**

1. Corporation Name

**PHYSICIANS SERVICES OF SOUTH FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 9131 SW 150TH AVE. MIAMI FL 33196		Mailing Address 9131 SW 150TH AVE. MIAMI FL 33196	
2. Principal Place of Business 21 4054 BEAVER LN. Suite, Apt. #, etc. 22 City & State 23 Pt. CHARLOTTE FLORIDA Zip 24 33952		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 U.S. Country 30	
3. Date Incorporated or Qualified 11/07/1994		3a. Date of Last Report	
4. FEI Number 65-0537443		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CHILDERS, ALAN L 9131 SW 150TH AVE. MIAMI FL 33196				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Alan L Childers ALAN L. CHILDERS PRESIDENT DATE: 4-17-95

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHILDERS, ALAN L	12 NAME			
STREET ADDRESS	9131 SW 150TH AVE.	13 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33196	14 CITY - ST - ZIP			
TITLE	DT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAGNER, CHRISTOPHER G	22 NAME			
STREET ADDRESS	23427 ABERDEEN AVE.	23 STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	24 CITY - ST - ZIP			
TITLE	DS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURRAN, SYLVIA M	32 NAME			
STREET ADDRESS	11434-2 SW 132ND PLACE	33 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33186	34 CITY - ST - ZIP			
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY - ST - ZIP		44 CITY - ST - ZIP			
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY - ST - ZIP		54 CITY - ST - ZIP			
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY - ST - ZIP		64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Alan L Childers ALAN L. CHILDERS PRESIDENT DATE: 4-17-95 (810) 627-8200

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR