

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90050 018 ***150.00

DOCUMENT # P94000082172

1. Entity Name

PHYSICIANS SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

9131 SW 150 AVE
 MIAMI FL 33196
 US

Mailing Address

9131 SW 150TH AVE.
 MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0537443

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHILDERS, ALAN L
9131 SW 150TH AVE.
MIAMI FL 33196

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-------------------------------|--|---------------------------------|
| TITLE NAME | DP CHILDERS, ALAN L | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 9131 SW 150TH AVE. MIAMI FL 33196 | |
| TITLE NAME | DT WAGNER, CHRISTOPHER G | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 23427 ABERDEEN AVE. PORT CHARLOTTE FL 33952 | |
| TITLE NAME | DS CHILDERS, MILDRED | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 13520 MARTHA AVE PORT CHARLOTTE FL 33981 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |

| | | |
|-------------------------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan L Childers ALAN L CHILDERS

Date

4-6-01

Daytime Phone #

305 383.3976

CR2E034 (10/00)