

2002 UNIFORM BUSINESS REPORT (UBR)

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

4408 NORTHSORE DR

Suite, Apt. #, etc.

3. Mailing Address

4408 NORTHSORE DR

Suite, Apt. #, etc.

City & State

CHARLOTTE HARBOR, FL

City & State

CHARLOTTE HARBOR, FL

Zip

33980

Country

US

Zip

33980

Country

US

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

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, 2002 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
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
WAGNER, CHRISTOPHER G
23427 ABERDEEN AVE.
PORT CHARLOTTE FL 33952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
CHILDERS, MILDRED
13520 MARTHA AVE
PORT CHARLOTTE FL 33981

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

941 628 2491

Date

Daytime Phone #



FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90023 008 ***150.00

CR2E034 (9/01)