

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90023 008 ***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

4408 NORTSHORE DR
 Suite, Apt. #, etc.

3. Mailing Address

4408 NORTSHORE DR
 Suite, Apt. #, etc.

City & State

CHARLOTTE HARBOR, FL

City & State

CHARLOTTE HARBOR, FL

4. FEI Number

65-0537443

Applied For

Not Applicable

Zip

33980

Country

US

Zip

33980

Country

US

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

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

Date

941 628 2491

Daytime Phone #

CR2E034 (9/01)