


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000082172
 1. Entity Name
PHYSICIANS SERVICES OF SOUTH FLORIDA, INC.




Principal Place of Business Mailing Address
4408 NORTSHORE DR **4408 NORTSHORE DR**
CHARLOTTE HARBOR FL 33980 **CHARLOTTE HARBOR FL 33980**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For
65-0537443 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHILDERS, ALAN L
4408 NORTSHORE DR
PORT CHARLOTTE FL 33980

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHILDERS, ALAN L	
STREET ADDRESS	4408 NORTSHORE DRIVE	
CITY - ST - ZIP	PORT CHARLOTTE FL 33980	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000067493	
CITY - ST - ZIP	02/27/04-80002-006 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
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		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan L Childers **ALAN L. CHILDERS** 2/23/04 941-628-2491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #