

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90010 025 ***158.75

DOCUMENT # P94000082172



1. Entity Name
PHYSICIANS SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business
**4408 NORTHSHORE DR
CHARLOTTE HARBOR FL 33980
US**

Mailing Address
**4408 NORTHSHORE DR
CHARLOTTE HARBOR FL 33980
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0537443**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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 **CHILDERS ALAN L. TRUSTEE**
Street Address (P.O. Box Number is Not Acceptable)
4408 NORTHSHORE DR
City **CHARLOTTE HARBOR** FL Zip Code **33980**

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 *Alan L. Childers* **ALAN L. CHILDERS TRUSTEE** **1-3-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	ite
NAME	CHILDERS, ALAN L	
STREET ADDRESS	9131 SW 150TH AVE.	
CITY-ST-ZIP	MIAMI FL 33196	
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		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS ALAN L. TRUSTEE	
STREET ADDRESS	4408 NORTHSHORE DRIVE	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
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		
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 TRUSTEE** **1-3-03** **941682491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachments

70000476

#P94000082172

REVOCABLE LIVING TRUST CERTIFICATE

NAME OF TRUST: ALAN L. CHILDERS REVOCABLE TRUST AGREEMENT

NAME OF GRANTOR: ALAN L. CHILDERS

NAME OF TRUSTEE: ALAN L. CHILDERS

TRUSTEE SUCCESSION: If ALAN L. CHILDERS fails to serve or ceases to serve as Trustee of a trust created under this Trust Agreement, then the following shall serve as successor trustees in the order stated: (1) PAIGE KREEGEL and (2) CLARENCE SCOTT.

Assets transferred to the Trust should be titled in the following manner:

ALAN L. CHILDERS, TRUSTEE OF THE ALAN L. CHILDERS REVOCABLE TRUST
AGREEMENT DATED Sept. 5, 2001.

ALAN L. CHILDERS certifies that the ALAN L. CHILDERS REVOCABLE TRUST is in existence on the date of this certificate, that it establishes a valid trust and that as of the date of this Certificate the Trust has not been revoked. Further, that Trust document grants the trustee the power to perform without court authorization, all of those powers given to Trustees by the Florida Statutes and every act which a prudent person would perform in carrying out the purposes of the Trust, including but not limited to, the power to sell, transfer, convey, mortgage, exchange, lease, pledge, invest, reinvest, convert, reconvert and exercise any and all of the rights of an owner to any portion of the Trust Estate, to open and maintain brokerage accounts, to appoint or employ agents, attorneys, accountants and other advisors, and to execute all documents that the Trustee determines are necessary or appropriate to carry out the purposes of any trust established under the Trust Agreement.

IN WITNESS WHEREOF, I execute this instrument in the presence of these witnesses and direct that photocopies of this document shall have the same force and effect as an original.

Jennifer R. Howell
WITNESS

Alan L. Childers
ALAN L. CHILDERS

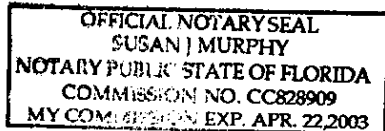
Martha J. Wilson
WITNESS

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me by ALAN L. CHILDERS, who is personally known to me or produced appropriate identification and by JENNIFER R. HOWELL and MARTHA J. WILSON the witnesses on the 5th day of Sept., 2001.

Grantor: Known Lic Id Passport Military FLORIDA DRIVERS LICENSE

AFFIX SEAL



Susan J. Murphy
Notary in and For the State of Florida

SUSAN J. MURPHY

Law Offices
FARR, FARR,
EMERICH, SIFRIT
HACKETT
AND CARR, P.A.
ATTORNEYS AT LAW
99 NESBIT STREET
P.O. DRAWER 511447
PUNTA GORDA, FLORIDA
33950

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PORT CHARLOTTE, FLORIDA
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