2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000082172 **DOCUMENT #**

1. Entity Name

SIGNATURE:

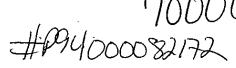
PHYSICIANS SERVICES OF SOUTH FLORIDA, INC.



FILED Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90010 025 ***158.75

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		- 1985) 687 316 1011; BEBLI BBILL BBILL BBILL BBILL BBILL BBILL BBILL INDIA 11011; 11011; 11011; 11011;		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
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		
6.	Name and Address of Current i	Registered Agent		7. Name and Address of New Registered Agent		
			Namě	Name CHILDERS ALAN L. TRUSTEE		
CHILDERS, ALA			Street	et Address (P.O. Box Number is Not Acceptable)		
9131 SW 150TH				4408 NORTHSHORE DR		
MIAMI FL 33196	ł					
			City	THAN THE HANBOR FL Zip Code 33980		
the obligations of		POLITEE AL	AN 2. C	e or registered agent, or both, in the State of Florida. I am familiar with, and accept CHILDERS TRUSTEE 1-3-03 gnature required when reinstating) DATE		
After May	OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 ble to Florida Department of OFFICERS AND		11.	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
TREET ADDRESS 9131	DERS, ALAN L SW 150TH AVE. I FL 33196	iete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP Proper Addition CHILDERS ALAN L. TRUSTEE 4408 NORTHSHORE DRIVE CHARLOTTE HARBOR FL 33980		
ITLE IAME ITREET ADDRESS ITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
ITLE AME ITREET ADDRESS ITY-ST-ZIP	engy in en eur in e	□ Delete	** TITLE *** NAME STREET ADDRESS CITY-ST-ZIP	Consider Control		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	NAME . STREET ADDRESS CITY-ST-ZIP	Change Addition		
ITLE AME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
indicated on this of the corporation	report or supplemental report is	true and accurate and that wered to execute this repor	my signature shall rt as required by Ch	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information II have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		

Affectments



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 5.5., 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.

ALAN L. CHILDERS

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 JACON the witnesses on the Jacon day of Jennifer R. 1001.

Grantor:

Id Passport Military FLORIDA DRIVERS LICENSE

Notary in and For the State of Flor

AFFIX SEAL

OFFICIAL NOTARY SEAL SUSAN | MURPHY NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC828909 4Y COM: 61756 N EXP. APR. 22,2003

SUSAN J. MURPHY

2315 AARON STREET ORT CHARLOTTE, FLORIDA

PUNTA GORDA, FLORIDA

33950

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