

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038545

FILED
Jan 06, 2006
Secretary of State

Entity Name: PHYSICIANS MAINTENANCE SERVICES, INC.

Current Principal Place of Business:

12987 SW 132 CT
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

12987 SW 132 CT
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0580642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOAFAT, ARMAND P
12801 SW 148 TERR RD
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOAFAT, ARMAND P
Address: 12801 SW 148 TERR. RD.
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: HOAFAT, CINDY A
Address: 12801 SW 148 TERR. RD.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOAFAT, ARMAND P
Address: 12801 SW 148 TERR. RD.
City-St-Zip: MIAMI, FL 33186 US

Title: STD (X) Change () Addition
Name: HOAFAT, CINDY A
Address: 12801 SW 148 TERR. RD.
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMAND P. HOAFAT

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date