

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -4 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000059912 (2)

1. Corporation Name

PHYSICIAN BUSINESS AND SUPPORT SERVICES, INC.

Principal Place of Business

11590 SEMINOLE BLVD
SUITE C-11
SEMINOLE FL 34648

Mailing Address

P O BOX 3848
SEMINOLE FL 34645-0848

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1995	3a. Date of Last Report 05/01/1996
4. FEI Number APPLIED FOR 59-3370145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

EHLEN, SHELLEY A
13342 87TH AVE N
SEMINOLE FL 34648

10. Name and Address of New Registered Agent

81 Name Hencoski, Becky L
82 Street Address (P.O. Box Number is Not Acceptable)
13749 76th Terrace North
83 Seminole FL 34646
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9/2/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME EHLEN, MICHAEL A
STREET ADDRESS 11590 SEMINOLE BLVD SUITE C-11
CITY-ST-ZIP SEMINOLE FL 34648

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (4/97)

2062

August 21, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed you will find two separate checks for \$ 165.00 for the annual reports for Physician Business and Support Services, Inc. and M & E Financial Services, Inc.. I was advised to correspond with you and ask that you reconsider the late fees for \$ 385.00 per corporation.

I never received the first packet and did not realize that the fees were due. My position takes me on the road constantly and I hired a secretary who was to handle the mail and paying of bills. Unfortunately, many problems like this have surfaced with bills not getting paid or being discarded and also mail not being forwarded to me. Changes have been made internally to prevent any future problems. I understand I am to assume full responsibility, but since this situation was out of my immediate control I ask that you please reconsider these late fees. I am still in the process of getting my businesses off the ground and a penalty like this would present a great hardship on me.

I have always tried to adhere to all state rules and policies, but this took me by surprise. Your complete understanding would be greatly appreciated.

Thank you in advance for your consideration. Please notify me in writing if you have any further questions before determining your decision.

Sincerely,


Michael Ehlen