


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Aug 10, 1999 8:00 am  
Secretary of State

08-10-1999 90007 001 \*\*\*300.00

0427787

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000059912</b>					
1. Corporation Name <b>PHYSICIAN BUSINESS AND SUPPORT SERVICES, INC.</b>					
Principal Place of Business <b>11590 SEMINOLE BLVD SUITE C-11 SEMINOLE FL 34648</b>			Mailing Address <b>P O BOX 3848 SEMINOLE FL 34645-0848</b>		
2. Principal Place of Business 21 <b>2023 N. Pointe Alexis Dr.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>P.O. Box 2212</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>08/02/1995</b>	
23 <b>Tarpon Springs Florida</b> City & State 24 <b>34689</b> 25 <b>USA</b> Zip Country		28 <b>Tarpon Springs FL</b> City & State 29 <b>34688</b> 30 Zip Country		4. FEI Number <b>59-3370145</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>HENCOSKI, BECKY L 13749 76TH TERRACE NORTH SEMINOLE FL 34646</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>D EHLEN, MICHAEL A</b> STREET ADDRESS <b>511 SANDY HOOK ROAD</b> CITY-ST-ZIP <b>TREASURE ISLAND FL 33706</b>				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>2023 N. Pointe Alexis Dr.</b> 1.4 CITY-ST-ZIP <b>Tarpon Springs FL 34689</b>	
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99

Date

727 430 6354

Daytime Phone #

CR2E034 (11/98)