

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90084 005 ***150.00

DOCUMENT # P96000017514 1. Entity Name PHYSICIANS SUPPORT SPECIALISTS, INC.																											
Principal Place of Business 6500 SW 39 ST. 1721 SW 83 AVE MIAMI, FL 33155 MIAMI FL 33155		Mailing Address 6500 SW 39 ST. PO BOX 557937 MIAMI, FL 33155 MIAMI FL 33255																									
2. Principal Place of Business 1721 SW 83 AVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 557937 Suite, Apt. #, etc.																									
City & State MIAMI FL		City & State MIAMI FLA																									
Zip 33155	Country USA	Zip 33255	Country USA																								
4. FEI Number 65-0661517		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent VAZQUEZ, JORGE E 6500 SW 39 ST. 1721 SW 83 AVE MIAMI, FL 33155 MIAMI FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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  JORGE E VAZQUEZ 3/30/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VAZQUEZ, JORGE E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6500 SW 39 ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33155</td> <td></td> </tr> </table>		TITLE	DPST	<input type="checkbox"/> Delete	NAME	VAZQUEZ, JORGE E		STREET ADDRESS	6500 SW 39 ST.		CITY-ST-ZIP	MIAMI, FL 33155		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1721 SW 83 AVE</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI FL 33155</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	1721 SW 83 AVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	MIAMI FL 33155		CITY-ST-ZIP		
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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: 		JORGE E VAZQUEZ 3/30/05 305 669 0991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									