


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90020 009 \*\*\*150.00

**DOCUMENT # P97000018266**

1. Entity Name  
**PARK HILL MEDICAL SERVICES, INC.**




Principal Place of Business  
**10100 WEST SAMPLE ROAD  
 STE 404  
 POMPANO BEACH, FL 33065**

Mailing Address  
**1461 NW 127TH WAY  
 CORAL SPRINGS, FL 33071**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**64-0740735**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WEXLER, JACK  
 1461 NW 127TH WAY  
 CORAL SPRINGS, FL 33071**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> WEXLER, JACK D 1461 NW 127 WAY CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> WEXLER, JACK D 1461 NW 127 WAY CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> WEXLER, SANDRA 1461 NW 127TH WAY CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> WEXLER, SANDRA 1461 NW 127 WAY CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Jack D Wexler* **PRESIDENT** **3-16-04** **954-753-0805x203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #