2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90340 030 ***150.00

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1. Entity Name
PHYSICIANS CONFERENCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
509 SE RIVERSIDE DRIVE 302 STUART, FL 34994 US	P.O. BOX 896 STUART, FL 34995 US

50040221

04032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRENKEL, RONALD E P
509 SE RIVERSIDE DRIVE
SUITE 302
STUART, FL 34994

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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's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRENKEL, RONALD E
STREET ADDRESS	509 SE RIVERSIDE DRIVE, SUITE 302
CITY-ST-ZIP	STUART, FL 34994
TITLE	VP ✓
NAME	FRENKEL, RONALD
STREET ADDRESS	509 SE RIVERSIDE DRIVE, SUITE 302
CITY-ST-ZIP	STUART, FL 34994
TITLE	DS
NAME	FRENKEL, RONALD E P
STREET ADDRESS	509 SE RIVERSIDE DRIVE, SUITE 302
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Ronald Frenkel Ronald Frenkel, Pres. 4/13/05 772-287-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #