

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015522

FILED  
Apr 19, 2008  
Secretary of State

Entity Name: PHYSICIAN BUSINESS CARE, INC.

**Current Principal Place of Business:**

134 EDGEEMERE WAY S.  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

134 EDGEEMERE WAY S.  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 59-3495716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COEL, MARK A ESQ.  
ONE LINCOLN PLACE  
1900 GLADES ROAD, SUITE 350  
BOCA RATON, FL 334310000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GAZDIC, JANICE H  
Address: 134 EDGEEMERE WAY S  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE GAZDIC

P

04/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date