

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013196

FILED
Jan 20, 2005
Secretary of State

Entity Name: PHYSICIAN CALL SERVICE, INC.

Current Principal Place of Business:

7882 BISHOP LAKE RD. N.
JACKSONVILLE, FL 32256

New Principal Place of Business:

8125 RIVER POINTE COURT
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

9838 OLD BAYMEADOWS RD.
PMB 172
JACKSONVILLE, FL 32256

New Mailing Address:

8125 RIVER POINTE COURT
SAINT AUGUSTINE, FL 32092

FEI Number: 59-3556449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, JO ELLEN
7882 BISHOP LAKE RD. N.
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

REYNOLDS, JO ELLEN
8125 RIVER POINTE COURT
SAINT AUGUSTINE, FL 32092 US

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: JO ELLEN REYNOLDS

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: REYNOLDS, JO ELLEN
Address: 7882 BISHOP LAKE RD. N.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: ZICAFOOSE, KARY
Address: 8125 RIVER POINTE COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: REYNOLDS, JO ELLEN
Address: 8125 RIVER POINTE COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP (X) Change () Addition
Name: ZICAFOOSE, KARY C VP
Address: 8125 RIVER POINTE COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARY C. ZICAFOOSE

VP

01/20/2005

Electronic Signature of Signing Officer or Director

Date