

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000016848

FILED  
May 12, 2003  
Secretary of State

Entity Name: PHYSICIAN'S SERVICES, INC.

## Current Principal Place of Business:

1143 STATE RD. 60 EAST  
LAKE WALES, FL 33853

## New Principal Place of Business:

## Current Mailing Address:

1143 STATE RD. 60 EAST  
LAKE WALES, FL 33853

## New Mailing Address:

FEI Number: 59-3557599

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUNDLAS, KULMEET S  
110 WYNDHAM DRIVE  
WINTER HAVEN, FL 33881 US

## Name and Address of New Registered Agent:

KUNDLAS, KULMEET S  
110 WYNDHAM DRIVE  
WINTER HAVEN, FL 33884 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:

05/12/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSV ( ) Delete  
Name: KUNDLAS, KULMEET S  
Address: 110 WYNDHAM DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DCM ( ) Delete  
Name: KUNDLAS, KULMEET S  
Address: 110 WYNDHAM DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSV (X) Change ( ) Addition  
Name: KUNDLAS, KULMEET S  
Address: 110 WYNDHAM DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: DCM (X) Change ( ) Addition  
Name: KUNDLAS, KULMEET S  
Address: 110 WYNDHAM DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

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: KULMEET KUNDLAS

PTSV

05/12/2003

Electronic Signature of Signing Officer or Director

Date