

2001 UNIFORM BUSINESS REPORT (UBR)

4/5.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-05-2001 90440 032 ***150.00

DOCUMENT # S94852

1. Entity Name

PHYSICIANS ECONOMIC SERVICES INC.

Principal Place of Business

9441 NW 18TH CT
PLANTATION FL 33322

Mailing Address

P. O. BOX 450580
SUNRISE FL 33345
US

* IT IS INDICATED HERE !

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2861281

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNER, DAVID
9441 NW 18TH CT
MAGNOLIA OFFICE CENTER
PLANTATION FL 33322

MAILING ADDRESS
P.O. BOX 450580
SUNRISE, FL 33345

Name YOUNER, DAVID

Street Address (P.O. Box Number is Not Acceptable)
9441 N.W. 18TH COURT

City PLANTATION

Zip Code 33322

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME YOUNER, DAVID
STREET ADDRESS 9441 NW 18TH CT
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

TITLE PTD
NAME YOUNER, DAVID
STREET ADDRESS P.O. BOX 450580
CITY-ST-ZIP SUNRISE, FL 33345 ☒ Change ☐ Addition

TITLE SD
NAME YOUNER, ELLEN S
STREET ADDRESS 9441 NW 18TH CT
CITY-ST-ZIP PLANTATION FL 33322 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME ADLER, JAY
STREET ADDRESS 435 E. 75th St #103
CITY-ST-ZIP N.Y.C. N.Y. 10021 ☐ Delete

TITLE VP
NAME ADLER, JAY
STREET ADDRESS 435 E. 75th St #103
CITY-ST-ZIP N.Y.C. N.Y. 10021 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Youner DAVID YOUNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-01 954-370-2643

CR2E034 (10/00)