

2004 FOR PROFIT CORPORATION REINSTATEMENT

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

2. Principal Place of Business
10208 NW 33RD PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12022004 REIN-P CR2E098 (6/04)

City & State
SUNRISE, FL

City & State

4. FEI Number
13-2861281

Applied For
Not Applicable

Zip
33351

Country
BROWARD

Zip

Country

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
PLANTATION, FL 33322

Name

Street Address (P.O. Box Number is Not Acceptable)
10208 NW 33RD PLACE

City

SUNRISE

FL

Zip Code
33351

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
YOUNER, DAVID
P.O. BOX 450580
SUNRISE, FL 33345 *IGNORE - SUNRISE - CORRECT ADDRESS.*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300043652323
12/27/04--01090--025 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ADLER, JAY
436 E 75 ST #10-B
NEW YORK, NY 10021 *SEE CORRECT STREET ADDRESS*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
435 EAST 79TH ST, #10B
NEW YORK, NY 10041

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David Youner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-741-3222

FILED
04 DEC 27 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

