

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94852

FILED
Feb 18, 2005
Secretary of State

Entity Name: PHYSICIANS ECONOMIC SERVICES INC.

Current Principal Place of Business:

10208 NW 33RD PLACE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 450580
SUNRISE, FL 33345 US

New Mailing Address:

10208 NW 33RD PLACE
SUNRISE, FL 33351 US

FEI Number: 13-2861281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNER, DAVID
10208 NW 33RD PLACE
SUNRISE, FL 33351 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: PTD () Delete
Name: YOUNER, DAVID
Address: P O BOX 450580
City-St-Zip: SUNRISE, FL 33345

Title: VP () Delete
Name: ADLER, JAY
Address: 435 EAST 79TH ST., #10B
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID YOUNER

PTD

02/18/2005

Electronic Signature of Signing Officer or Director

Date