

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

NEW
ADDRESS
FOR

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90027 041 ***150.00

DOCUMENT # S94852

1. Entity Name
PHYSICIANS ECONOMIC SERVICES INC.



Principal Place of Business

~~10208 NW 33RD PLACE~~
~~SUNRISE, FL 33351~~

Mailing Address

~~10208 NW 33RD PLACE~~
~~SUNRISE, FL 33351~~ US

50023060



07192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

YOUNER, DAVID
~~10208 NW 33RD PLACE~~
~~SUNRISE, FL 33351~~

NEW → 9551 WELDON CIRCLE
SUITE 206 BUILDING E
TAMARAC, FLORIDA 33321

**DO NOT WRITE
IN THIS SPACE**

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

David Youner

7-21-26

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME YOUNER, DAVID NEW → 9551 WELDON CIRCLE
STREET ADDRESS P.O. BOX 450580 → SUITE 206 BUILDING E
CITY - ST - ZIP SUNRISE, FL 33345 TAMARAC, FLORIDA 33321

TITLE VP
NAME ADLER, JAY
STREET ADDRESS 435 EAST 79TH ST., #10B
CITY - ST - ZIP NEW YORK, NY 10021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

7-21-26

954 586 0557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #