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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V42050 (7)

1. Corporation Name

PHYSICIAN EMERGENCY SERVICES, INC.

Principal Place of Business	Mailing Address
BETHESDA MEMORIAL HOSPITAL 2815 SO SEACREST BLVD BOYNTON BCH FL 33435 US	6300 W. LANTANA RD. STE. 32A LAKE WORTH FL 33463 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1992	3a. Date of Last Report: 02/25/1994
4. FEI Number: 65-0349742	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SPIRAZZA, CARL
6300 W. LANTANA RD.
STE. 32A
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name: Kenneth Lee
82 Street Address (P.O. Box Number is Not Acceptable): 1325 S. Congress Ave., #208
83
84 City: Boynton Beach FL 85 Zip Code: 33436

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Kenneth Lee, Director 3-1-95
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LEE, KENNETH	12 NAME		
STREET ADDRESS	1325 S. CONGRESS AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	Delete	☒ Change ☐ Addition
NAME	SPIRAZZA, CARL	22 NAME		
STREET ADDRESS	6300 W. LANTANA RD. STE. 32A	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP		
TITLE	TSD	31 TITLE	Delete	☒ Change ☐ Addition
NAME	KASABIAN, MICHAEL E	32 NAME		
STREET ADDRESS	6300 W. LANTANA RD. STE. 32A	33 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	P/T/S	☐ Change ☒ Addition
NAME		42 NAME	James J. Byrnes	
STREET ADDRESS		43 STREET ADDRESS	909 N.E. 9th Avenue, Suite 205	
CITY-ST-ZIP		44 CITY-ST-ZIP	Delray Beach, FL 33483-5730	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: XXXXXXXXXXXX
Kenneth Lee, Director 3-01-95 (407)736-8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0278881 CP