

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85118

Entity Name: PHYSICIAN & PROFESSIONAL ANSWERING SERVICE, INC.

FILED
Apr 18, 2016
Secretary of State
CC6211517985

Current Principal Place of Business:

1323 LAFAYETTE ST
SUITE F
CAPE CORAL, FL 33904

Current Mailing Address:

1323 LAFAYETTE ST
SUITE F
CAPE CORAL, FL 33904

FEI Number: 59-2636073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, MARLIN A
1323 LAFAYETTE ST
SUITE F
CAPE CORAL, FL 33904 US

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

Officer/Director Detail :

Title DPT
Name TAYLOR, MARLIN A
Address 3527 SE 3RD AVE
City-State-Zip: CAPE CORAL FL 33904

I hereby 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 all other like empowered.

SIGNATURE: MARLIN A TAYLOR

DPT

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date