

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H85118

**Entity Name:** PHYSICIAN & PROFESSIONAL ANSWERING SERVICE, INC.

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC3076409943**

**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 TAYLOR**

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date