

2020 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H85118

Entity Name: PHYSICIAN & PROFESSIONAL ANSWERING SERVICE, INC.

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:

1969
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: MARLIN A TAYLOR

04/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPT
Name TAYLOR, MARLIN A
Address 1100 SE 31ST TER
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

PRESIDENT

04/10/2020

Electronic Signature of Signing Officer/Director Detail

Date