

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020486

Entity Name: MOBILE PHYSICIAN SERVICES, PA

Current Principal Place of Business:

6804 CECELIA DRIVE
NEW PORT RICHEY, FL 34653-4935

Current Mailing Address:

6804 CECELIA DRIVE
NEW PORT RICHEY, FL 34653-4935 US

FEI Number: 20-4278037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WACKSMAN, RICHARD M.D.
6804 CECELIA DRIVE
NEW PORT RICHEY, FL 34653-4935 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 P,D
Name WACKSMAN, RICHARD M.D.
Address 5911 CACHETTE DE RIVIERA COURT
City-State-Zip: NEW PORT RICHEY FL 34655

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: RICHARD WACKSMAN

PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date