

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020486

FILED
May 19, 2010
Secretary of State

Entity Name: MOBILE PHYSICIAN SERVICES, PA

Current Principal Place of Business:

5509 GRAND BLVD.
SUITE 300
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5509 GRAND BLVD.
SUITE 300
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 20-4278037 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WACKSMAN, RICHARD M.D.
5509 GRAND BLVD
SUITE 300
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P,D
Name: WACKSMAN, RICHARD M.D.
Address: 5911 CACHETTE DE RIVIERA COURT
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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

PD

05/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date