

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020486

FILED  
Apr 29, 2011  
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

**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 M. WACKSMAN

PRES

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date