No. C 195305		Due no later than Jul 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. PHYSICIANS PLANNING SERVICE CORP. OF CONNECTICUT RUSSELL D POLNER 550 FAIRWAY DRIVE SUITE #107 DEERFIELD BEACH FL 33441-1875 USA		2. Registered Agent and Address (NO PO BOX)											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*											
								4. Corporations: Enter Nar	mes and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	GIACOMO F	FURNARI	550 FAIRWAY DRIVE SUITE #107	DEERFIELD BEACH	FL	USA	33441-1875								
SECRETARY	JACQUELINE	PAGONIS	550 FAIRWAY DRIVE SUITE #107	DEERFIELD BEACH	FL	USA	33441-1875								
VICE PRESIDENT	MARISOL DIOSES		550 FAIRWAY DRIVE SUITE #107	DEERFIELD BEACH	FL	USA	33441-1875								
TREASURER	RUSSELL D	POLNER	550 FAIRWAY DRIVE SUITE #107	DEERFIELD BEACH	FL	USA	33441-1875								
C. Ouraniand Hadau tha La	£-	C. Annual Department													
5. Organized Under the Laws of:		6. Annual Report must be signed.*			D.1. 0	7/06/2015									
CT		Signature: RUSSELL D POLNER			Date: 07/06/2015										
C 195305		Name (type or print): RUSSELL D POLNER			Title: TREASURER										
* Electronically provided signatures are accepted as original signatures.															