


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000086989**  
1. Entity Name  
**PRIMARY CARE PHYSICIANS GROUP, INC.**



Principal Place of Business      Mailing Address  
4701 MERIDAN AVE      4701 MERIDAN AVE  
NICHOL BUILDING LEVEL E      NICHOL BUILDING LEVEL E  
MIAMI BEACH, FL 33140 US      MIAMI BEACH, FL 33140 US



04212004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0622370**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SHAFFER, ROBERT  
3564 MAGELLAN CIR.  
UNIT 214  
N. MIAMI BEACH, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SHAFFER, ROBERT 3564 MAGELLAN CIR UNIT 214 N MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MERLINO, GARY 2507 PROVENCE CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/30/04-80063-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/27/04** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR