


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 4701 MERIDAN AVE NICHOL BUILDING LEVEL E MIAMI BEACH, FL 33140 US	Mailing Address 4701 MERIDAN AVE NICHOL BUILDING LEVEL E MIAMI BEACH, FL 33140 US
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0622370	Applied For Not Applicable
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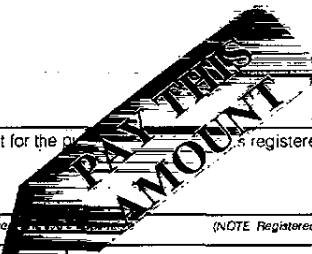
5. Certificate of Status Desired \$8.75 Additional Fee Required

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 reinstating 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____



FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/05-80051-024 150.00

**DO NOT WRITE
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)(i), 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/22/05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

