


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2007 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
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0622370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, ROBERT
 3640 YACHT CLUB DR
 # 104
 AVENTURA, 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SHAFFER, ROBERT
STREET ADDRESS	3640 YACHT CLUB DR, # 104
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VSD
NAME	MERLINO, GARY
STREET ADDRESS	2507 PROVENCE CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000714344
 04/27/07-80019-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other persons empowered.

SIGNATURE: _____ **4/13/2007** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #