


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90106 024 ***150.00

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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0622370			Applied For <input type="checkbox"/> 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 3564 MAGELLAN CIR. UNIT 214 N. MIAMI BEACH, FL 33180				7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 3640 YACHT CLUB DRIVE # 104 City AVENTURA FL Zip Code 33180	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD SHAFFER, ROBERT 3564 MAGELLAN CIR UNIT 214 N MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	(SAME) 3640 YACHT CLUB DRIVE, #104 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD MERLINO, GARY 2507 PROVENCE CIRCLE WESTON, FL 33327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 689, 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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> 4/15/06 <small>Date</small> <small>Daytime Phone #</small> </div>					

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