

**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**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0622370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
SHAFFER, ROBERT
3640 YACHT CLUB DR, # 104
AVENTURA, 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

U00000714344
04/27/07-80019-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/2007