2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000086989

Entity Name: PRIMARY CARE PHYSICIANS GROUP, INC.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4701 MERIDAN AVE NICHOL BUILDING LEVEL E MIAMI BEACH, FL 33140 US				4308 ALTON ROAD SUITE 860 MIAMI BEACH, FL 33140	o us	
Current Mailing Address:				New Mailing Address:		
	IDAN AVE JUILDING LEVE ACH, FL 33140			4308 ALTON ROAD SUITE 860 MIAMI BEACH, FL 33140	o Us	
FEI Number:	: 65-0622370	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
3640 YACH # 104	, ROBERT HT CLUB DR A, FL 33180 L	JS				
	named entity set of Florida.	submits this statement for the	purpose o	of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	gent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD () SHAFFER, ROB 3640 YACHT CL AVENTURA, FL	UB DR, # 104		Title: () Name: Address: City-St-Zip:	Change ()Addition	
Title: Name: Address: City-St-Zip:	VSD () MERLINO, GAR 2507 PROVENC WESTON, FL 3	E CIRCLE		Title: () Name: Address: City-St-Zip:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET GUTIERREZ OM 01/14/2008