2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P95000086989

Entity Name: PRIMARY CARE PHYSICIANS GROUP, INC.

Current Principal Place of Business:

4308 ALTON ROAD
SUITE 860
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4308 ALTON ROAD
SUITE 860
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0622370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAFFER, ROBERT
3640 YACHT CLUB DR
104
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SHAFFER, ROBERT
Address: 3640 YACHT CLUB DR, # 104
City-St-Zip: AVENTURA, FL 33180

Title: VSD ( ) Delete
Name: MERLINO, GARY
Address: 2507 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 HAHN OM 02/12/2009

Electronic Signature of Signing Officer or Director Date