

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000050720

**Entity Name:** PHYSICIANS MANAGEMENT NETWORK OF FLORIDA, INC.

**Current Principal Place of Business:**

782 NW 42ND AVENUE  
S-550  
MIAMI, FL 33126

**Current Mailing Address:**

782 NW 42ND AVENUE  
S-550  
MIAMI, FL 33126

**FEI Number:** 04-3651037

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RONALD S. LOWY, ESQUIRE  
169 EAST FLAGLER STREET, SUITE 700  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            BEHAR, VICTOR  
Address        782 NW 42ND AVENUE, S-550  
City-State-Zip: MIAMI FL 33126

Title            CIO  
Name            BLANCO, JOSE J  
Address        782 NW 42ND AVENUE, S-550  
City-State-Zip: MIAMI FL 33126

*I hereby 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 all other like empowered.*

**SIGNATURE:** VICTOR BEHAR

**CEO**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date