

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000003268

Entity Name: PHYSICIANS CREEK INC.

Current Principal Place of Business:

6039 COLLINS AVE
#410
MIAMI BEACH, FL 33140

Current Mailing Address:

6039 COLLINS AVE
#410
MIAMI BEACH, FL 33140 US

FEI Number: 46-1732380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AU, ADAM M DO. MD. PHD
6039 COLLINS AVE
#410
MIAMI BEACH, FL 33140 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: ADAM M. AU

03/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name AU, ADAM
Address 6039 COLLINS AVE
#410
City-State-Zip: MIAMI BEACH FL 33140

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: ADAM AU

CEO

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date