

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S58355

Entity Name: PMG SERVICES, INC.**Current Principal Place of Business:**1301 CONCORD TERRACE
SUNRISE, FL 33323**Current Mailing Address:**1301 CONCORD TERRACE
SUNRISE, FL 33323 US**FEI Number:** 65-0271219**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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** SENIOR VICE PRESIDENT, CHIEF
ACCOUNTING OFFICER**Name** PEPIA, JOHN C.**Address** 1301 CONCORD TERRACE**City-State-Zip:** SUNRISE FL 33323**Title** SVP, MEDICAL ADMINISTRATIVE
SERVICES**Name** KANTER, M.D., DAVID**Address** 1301 CONCORD TERRACE**City-State-Zip:** SUNRISE FL 33323**Title** EVP, COO**Name** PICKERT, CURTIS B. M.D.**Address** 1301 CONCORD TERRACE**City-State-Zip:** SUNRISE FL 33323**Title** MARKET PRESIDENT**Name** HECK, SUZANNE**Address** 1301 CONCORD TERRACE**City-State-Zip:** SUNRISE FL 33323**Title** EXECUTIVE VICE PRESIDENT &
CHIEF FINANCIAL OFFICER**Name** RICHARDS, C. MARC**Address** 1301 CONCORD TERRACE**City-State-Zip:** SUNRISE FL 33323**Title** VP, DEPUTY GENERAL COUNSEL**Name** SANCHEZ, IDELSI**Address** 1301 CONCORD TERRACE**City-State-Zip:** SUNRISE FL 33323**Title** ASSISTANT TREASURER**Name** ROSSI, KASANDRA**Address** 1301 CONCORD TERRACE**City-State-Zip:** SUNRISE FL 33323**Title** SVP, ADMINISTRATION AND
MANAGED CARE**Name** CORCORAN, DANIEL**Address** 1301 CONCORD TERRACE**City-State-Zip:** SUNRISE FL 33323**Continues on page 2**

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: MARY ANN E. MOORE**SECRETARY****04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RICHARDS, C. MARC
Address 1301 CONCORD TERRACE
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Title MARKET PRESIDENT
Name DWYER, MICHAEL D. M.D.
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Title MARKET PRESIDENT
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Title SENIOR VICE PRESIDENT, FINANCE &
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Title VP, DATA & ARCH

Title VP, MEDICAL AFFAIRS
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Title MARKET PRESIDENT
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Title CEO
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Title DIRECTOR, EXECUTIVE VICE
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