

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000925

Entity Name: PHYSICIAN GROUP OF FLORIDA, INC.**Current Principal Place of Business:**1900 N. PEARL STREET
SUITE 2400
DALLAS, TX 75201**Current Mailing Address:**1900 N. PEARL STREET
SUITE 2400
DALLAS, TX 75201 US**FEI Number: 62-1801013****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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	TREASURER
Name	RICH, MARK
Address	1900 N. PEARL STREET SUITE 2400
City-State-Zip:	DALLAS TX 75201

Title	ASSISTANT SECRETARY
Name	HIBBLE, NATHALIE
Address	1900 N. PEARL STREET SUITE 2400
City-State-Zip:	DALLAS TX 75201

Title	PRESIDENT, DIRECTOR
Name	GUAY, AMY
Address	1900 N. PEARL STREET SUITE 2400
City-State-Zip:	DALLAS TX 75201

Title	DIRECTOR
Name	CALLUM, MICHAEL
Address	1900 N. PEARL STREET SUITE 2400
City-State-Zip:	DALLAS TX 75201

Title	DIRECTOR
Name	DE LA TORRE, MD RALPH
Address	1900 N. PEARL STREET SUITE 2400
City-State-Zip:	DALLAS TX 75201

Title	SECRETARY
Name	HOLTZ, HERBERT
Address	1900 N. PEARL STREET SUITE 2400
City-State-Zip:	DALLAS TX 75201

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: NATHALIE HIBBLE**ASSISTANT SECRETARY 02/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date