

2019 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 DIRECTOR
Name CALLUM, MICHAEL
Address 1900 N. PEARL STREET,SUITE 2400
City-State-Zip: DALLAS TX 75201

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

Title DIRECTOR
Name MAHER, JOSEPH C. JR.
Address 1900 N. PEARL STREET,SUITE 2400
City-State-Zip: DALLAS TX 75201

Title TREASURER
Name DOYLE, JOHN M.
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 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 04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date