

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000925

Entity Name: PHYSICIAN GROUP OF FLORIDA, INC.**Current Principal Place of Business:**117 SEABOARD LANE, BUILDING E
FRANKLIN, TN 37067**Current Mailing Address:**117 SEABOARD LANE, BUILDING E
FRANKLIN, TN 37067 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, CEO
Name	DE LA TORRE, RALPH MD
Address	500 BOYLSTON ST OFFICE 544
City-State-Zip:	BOSTON MA 02116

Title	DIRECTOR, EXECUTIVE VICE PRESIDENT
Name	CALLUM, MICHAEL MD
Address	500 BOYLSTON ST OFFICE 544
City-State-Zip:	BOSTON MA 02116

Title	DIRECTOR, SECRETARY
Name	MAHER, JOSEPH C JR.
Address	500 BOYLSTON ST OFFICE 544
City-State-Zip:	BOSTON MA 02116

Title	ASST. SECRETARY
Name	HIBBLE, NATHALIE ESQ.
Address	500 BOYLSTON ST OFFICE 544
City-State-Zip:	BOSTON MA 02116

Title	VP
Name	STOKES, WILLIAM A
Address	117 SEABOARD LANE, BUILDING E
City-State-Zip:	FRANKLIN TN 37067

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 05/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date