2020 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 FILED
May 30, 2020
Secretary of State
5558115196CC

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:

City-State-Zip:

Electronic Signature of Registered Agent

Officer/Director Detail:

SUITE 2400

TitlePRESIDENTTitleTREASURERNameDE LA TORRE, RALPHNameDOYLE, JOHN M.

Address 1900 N. PEARL STREET Address 1900 N. PEARL STREET

SUITE 2400

DALLAS TX 75201 City-State-Zip: DALLAS TX 75201

Title ASSISTANT SECRETARY Title SECRETARY

Name HIBBLE, NATHALIE Name HOLTZ, HERBERT

Address 1900 N. PEARL STREET Address 1900 N. PEARL STREET

SUITE 2400 SUITE 2400

City-State-Zip: DALLAS TX 75201 City-State-Zip: DALLAS TX 75201

Title CFO Title DIRECTOR

Name MAINIERI, JOHN Name CALLUM, MICHAEL

Address 1900 N. PEARL STREET Address 1900 N. PEARL STREET

SUITE 2400 SUITE 2400

City-State-Zip: DALLAS TX 75201 City-State-Zip: DALLAS TX 75201

Title DIRECTOR

Name DE LA TORRE, RALPH

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 05/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Date