

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600275

FILED
May 03, 2006
Secretary of State

Entity Name: PHYSICIANS GROUP OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

4300 ALTON ROAD
SUITE 800
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4300 ALTON ROAD
SUITE 800
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

4300 ALTON ROAD
GREENE PAVILION, SUITE 810
MIAMI BEACH, FL 33140 US

New Mailing Address:

4300 ALTON ROAD
GREEN PAVILION, SUITE 810
MIAMI BEACH, FL 33140 US

FEI Number: 59-1173552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALAN KUTNER, M.D.
4300 ALTON ROAD
SUITE 800
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

ALAN KUTNER, M.D.
4300 ALTON ROAD
GREENE PAVILION, SUITE 810
MIAMI BEACH, FL 33140 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:

05/03/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: JONAS, IVAN M.,
Address: 4300 ALTON ROAD STE 800
City-St-Zip: MIAMI, FL 33140

Title: PD () Delete
Name: KUTNER, ALAN
Address: 4300 ALTON ROAD STE 800
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: IVAN JONAS,
Address: 4300 ALTON ROAD, SUITE 810 GREEN PAV
City-St-Zip: MIAMI, FL 33140

Title: MD (X) Change () Addition
Name: KUTNER, ALAN
Address: 4300 ALTON RD, GREEN PAVILION #810
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN KUTNER, MD

MD

05/03/2006

Electronic Signature of Signing Officer or Director

Date