

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600275

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-1173552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COHEN, JANE MD
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: JANE COHEN, MD

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: COHEN, JANE MD
Address: 4300 ALTON ROAD, GREEN PAVILION SUITE 810
City-St-Zip: MIAMI BEACH, FL 33140

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JANE COHEN, MD

MD

01/15/2009

Electronic Signature of Signing Officer or Director

Date