

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600275

FILED
Jan 06, 2011
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
GREENE PAVILION, SUITE 810
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 59-1173552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: MD
Name: COHEN, DAVID MD
Address: 4300 ALTON RD, GREEN PAVILION, SUITE 810
City-St-Zip: MIAMI BEACH, FL 33140

Title: MD
Name: RADICK, JASON MD
Address: 4300 ALTON RD, GREEN PAVILION, SUITE 810
City-St-Zip: MIAMI BEACH, FL 33140

Title: MD
Name: DROST, MARTIN MD
Address: 4300 ALTON RD, GREEN PAVILION, SUITE 810
City-St-Zip: MIAMI BEACH, FL 33140

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: JANE S. COHEN

MD

01/06/2011

Electronic Signature of Signing Officer or Director

Date