2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003934

Entity Name: SELECT PHYSICIAN SOLUTIONS, INC.

FILED Jun 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
14295 MIDWAY ROAD SUITE 300 ADDISON, TX 75001					
Current Mailing Address:			New Mailing Address:		
14295 MIDV SUITE 300 ADDISON,					
FEI Number: 2	26-2646333	FEI Number Applied For () FEI Num	nber Not Applic	cable ()	Certificate of Status Desired ()
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Address of N	lew 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
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BROCK, SCOTT	Delete NTRAL EXPRESSWAY, SUITE 1400 231	Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	O'DONNELL, JAM	ANE, SUITE 1450	Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	MONTGOMERY,	ANE, SUITE 1450	Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	DRUCKER, J VIN	ROAD, SUITE 300	Title: Name: Address: City-St-Zip:	DRUCKER, J V	' ROAD, SUITE 300
Title: Name: Address: City-St-Zip:	LEONARDO, RIC	ROAD, SUITE 300	Title: Name: Address: City-St-Zip:	LEONARDO, RÍ	' ROAD, SUITE 300
Title: Name: Address: City-St-Zip:	BROWNE, LORI	Delete ROAD, SUITE 300 5001	Title: Name: Address: City-St-Zip:	BROWNE, LOR	' ROAD, SUITE 300

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: LORI M. BROWNE MS. 06/29/2009