

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005992

FILED
Jan 26, 2006
Secretary of State

Entity Name: MDSI PHYSICIAN GROUP, INC.

Current Principal Place of Business:

1078 FERDOM BLVD SOUTH # A
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

1701 W 2450 SOUTH
OGDEN, UT 84401

New Mailing Address:

FEI Number: 87-0421748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWELL, KIRK F
Address: 855 BURCH CREEK HOLLOW
City-St-Zip: OGDEN, UT 84403

Title: V () Delete
Name: POWELL, BRAD S
Address: 1050 EAST 1150 NORTH
City-St-Zip: OGDEN, UT 84403

Title: V () Delete
Name: POWELL, MIKE
Address: 4202 SOUTH 950 E
City-St-Zip: OGDEN, UT 84403

Title: V () Delete
Name: POWELL, JEFF
Address: 375 W 3450 N
City-St-Zip: PLEASANTVILLE, UT 84414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRAD POWELL

CFO

01/26/2006

Electronic Signature of Signing Officer or Director

Date