

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005992

FILED  
Jan 03, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: BRAD POWELL

VP

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date