

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53820

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** PHYSICIAN ASSOCIATES OF FLORIDA, P.A.

**Current Principal Place of Business:**

550 E. STATE ROAD 434  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

235 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

550 E. STATE ROAD 434  
LONGWOOD, FL 32750 US

**New Mailing Address:**

235 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 59-2335458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AM&E SERVICES LLC  
605 E. ROBINSON ST.  
SUITE 730  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

PA MANAGEMENT LLC  
235 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 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:** DENNIS J. BUHRING

04/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** MGR  
**Name:** BOWLES, ROBERT M.D.  
**Address:** 235 NORTH WESTMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

**Title:** MGR  
**Name:** WALKER, ERIK M.D.  
**Address:** 235 NORTH WESTMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

**Title:** MGR  
**Name:** PELTESON, HOWARD M.D.  
**Address:** 235 NORTH WESTMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

**Title:** MGR  
**Name:** BUHRING, DENNIS  
**Address:** 235 NORTH WESTMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

**Title:** MGR  
**Name:** DERROW, MARTIN M.D.  
**Address:** 235 NORTH WESTMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

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:** DENNIS J. BUHRING

MGR

04/29/2010

Electronic Signature of Signing Officer or Director

Date