

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L38636

1. Entity Name
PHYSICIANS GROUP MANAGEMENT, INC.



Principal Place of Business
**7820 ARLINGTON ESPY
SUITE 560
JACKSONVILLE, FL 32211 US**

Mailing Address
**7820 ARLINGTON EXPY
SUITE 560
JACKSONVILLE, FL 32211 US**

DO NOT WRITE IN THIS SPACE



03142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2991281

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAIG, BARRY G.
200 S. BISCAYNE BLVD. SUITE 4500
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000094148
03/22/04-80047-016 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
MARTLING, TERRANCE
4120 SHETLAND PONY LANE
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry Martling* **TERRY MARTLING**

3-18-04 **904-720-0331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President