

2 NOV. 2, 2001 FL 8:27 AM BUSINESS REPORT (UBR)

DOCUMENT #

NO1000006272

1. Entity Name

PHYSICIANS GUILD OF AMERICA, INC.

Principal Place of Business

250 AUSTRALIAN AVE. (#1550)
W. PALM BCH FL 33401

Mailing Address

250 AUSTRALIAN AVE. (#1550)
W. PALM BCH FL 33401

2. Principal Place of Business

250 Australian Avenue South
Suite, Apt. #, etc.
1550 Clearlake Centre

3. Mailing Address

250 Australian Avenue South
Suite, Apt. #, etc.
1550 Clearlake Centre

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-1069841

Applied For
Not Applicable

Zip

Country

Zip

Country

33401

US

33401

US

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C ESQ.
250 AUSTRALIAN AVE.
W. PALM BCH FL 33401

7. Name and Address of New Registered Agent

Name
John C. Schneider, Esquire
Street Address (P.O. Box Number is Not Acceptable)
1550 Clearlake Centre #1550
250 Australian Avenue South
City
West Palm Beach FL Zip Code
33401

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.

SIGNATURE

John C. Schneider

4/7/01

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

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its (nongable
Tax filing requirement and elects to do so.
(See criteria on back)☐10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P:D
Wayne Jenkins
250 Australian Ave. So. (#1550)
West Palm Beach, FL 33401☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S:D
Derrick Jenkins
250 Australian Ave. So. (#1550)
West Palm Beach, FL 33401☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert K. Fabric, M.D.
250 Australian Ave. #1550
West Palm Bch, FL 33401☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP100004587541--5
-09/13/01--01016--009
*****61.25 *****61.25TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(9)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Wayne Jenkins, Pres.

SIGNATURE:

Wayne Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dr. John C. Schneider

FILED

01 SEP 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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