2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100006272 1. Entity Name PHYSICIANS GUILD OF AMERICA, INC. Mailing Address Principal Place of Business 250 AUSTRALIAN AVE SOUTH #1550 250 AUSTRALIAN AVE SOUTH #1550 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW: FEE IS \$61.25

250 AUSTRALIAN AVE S #1550

WEST PALM BEACH FL 33401

250 AUSTRALIAN AVE S #1550

WEST PALM BEACH FL 33401

250 AUSTRALIAN AVE #1550

WEST PALM BEACH FL 33401

FABRIC, ROBERT K MD

JENKINS, WAYNE

JENKINS, DERRICK

Suite, Apt. #, etc.

Country

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Trust Fund Contribution.

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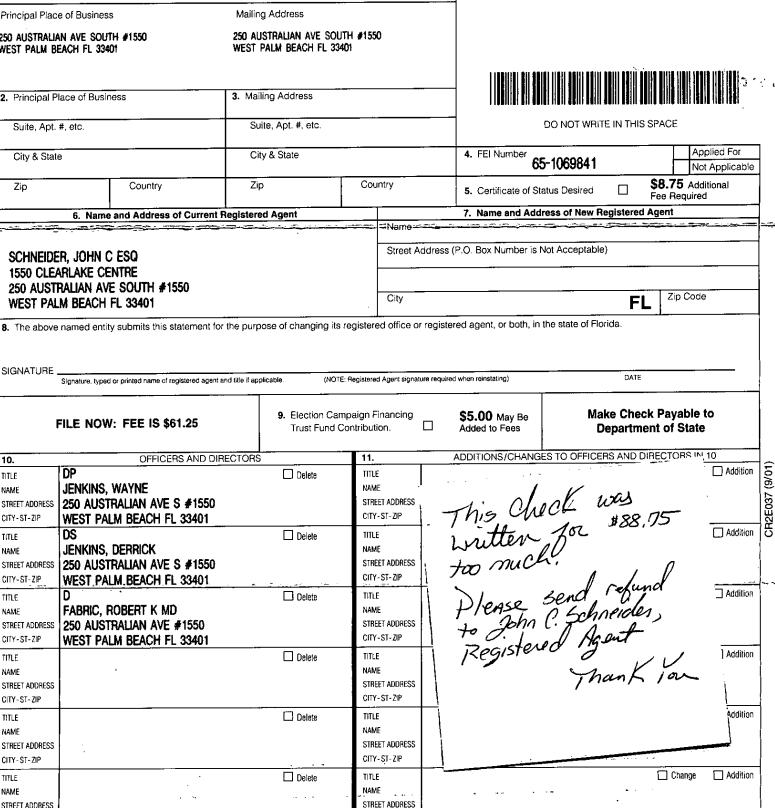
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=Name=

City & State

FILED May 28, 2002 8:00 am Secretary of State

05-28-2002 91789 010 ***150.00



CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: [1]

Suite, Apt. #, etc.

SCHNEIDER, JOHN C ESQ 1550 CLEARLAKE CENTRE

WEST PALM BEACH FL 33401

ĎΡ

DS

250 AUSTRALIAN AVE SOUTH #1550

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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4/26/02 (561) 689-190/