

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000526

FILED
Jan 06, 2010
Secretary of State

Entity Name: CENTER FOR PHYSICIAN RESPONSE, INC.

Current Principal Place of Business:

7350 S.W. 108 TERRACE
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

7350 S.W. 108 TERRACE
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FISHER, JEROME P
7350 S.W. 108 TERRACE
MIAMI, FL 33156 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: PRES
Name: FISHER, JEROME P
Address: 7350 S.W. 108 TERRACE
City-St-Zip: MIAMI, FL 33156

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEROME P. FISHER

PRES

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date