2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# N05000007835

Entity Name: PHYSICIAN CARE FOUNDATION, INC.

Current Principal Place of Business:

4500 NEWBERRY RD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4500 NEWBERRY RD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-3244582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE SUITE 115
JACKSONVILLE, FL 32204 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: D
Name: LANE, TIMOTHY MD
Address: 4500 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: PETTY, MARK A MD
Address: 4500 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: STEVENSON, JOHN C MD
Address: 4500 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: WATERS, J STEPHEN MD
Address: 4500 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: TREA
Name: ANDERSON, MICHAEL A
Address: 4500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: PARR, PHILLIP L MD
Address: 4500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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: MICHAEL A. ANDERSON TREA 04/24/2012

Electronic Signature of Signing Officer or Director — Date