

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jan 18, 2011**  
**Secretary of State**

DOCUMENT# N06000003024

**Entity Name:** UNITED PHYSICIANS AND SURGEONS, INC.**Current Principal Place of Business:**241 CARICA ROAD  
NAPLES, FL 34108**New Principal Place of Business:****Current Mailing Address:**241 CARICA ROAD  
NAPLES, FL 34108**New Mailing Address:****FEI Number:** 20-8627271**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS,, FL 33410 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: DCHT  
Name: FINKEL, M.D., MICHAEL  
Address: 241 CARICA ROAD  
City-St-Zip: NAPLES, FL 34108 US

Title: DP  
Name: GREENE, M.D., DAVID  
Address: 2062 SEVILLA WAY  
City-St-Zip: NAPLES, FL 34109 US

Title: DS  
Name: BEATTY, M.D., RICHARD  
Address: 1564 MARSH WREN LANE  
City-St-Zip: NAPLES, FL 34105 US

Title: D  
Name: ALEXANDER, M.D., ARNOLD G  
Address: 4470 AVOCET CT  
City-St-Zip: NAPLES, FL 34119 US

Title: D  
Name: CERA, M.D., SUSAN  
Address: 650 FOUNTAINHEAD LANE  
City-St-Zip: NAPLES, FL 34103 US

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 FINKEL, M.D.

DCHT

01/18/2011

Electronic Signature of Signing Officer or Director

Date