2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2012
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: MURPHEY, M.D., BRYAN
Address: 467 SADDLEBROOK LANE
City-St-Zip: NAPLES, FL 34110 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 02/07/2012

Electronic Signature of Signing Officer or Director Date