

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000843

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** PHYSICIANS MANAGEMENT NETWORK ASSOCIATION, INC.

**Current Principal Place of Business:**

701 NW 57TH AVENUE  
200  
MIAMI, FL 33126

**New Principal Place of Business:**

782 NW 42ND AVENUE  
550  
MIAMI, FL 33126

**Current Mailing Address:**

701 NW 57TH AVENUE  
200  
MIAMI, FL 33126

**New Mailing Address:**

782 NW 42ND AVENUE  
550  
MIAMI, FL 33126

**FEI Number:** 26-4167699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEHAR, VICTOR  
701 NW 57TH AVENUE  
200  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

BEHAR, VICTOR  
782 NW 42 AVENUE  
550  
MIAMI, FL 33126 US

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:

04/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BEHAR, VICTOR  
Address: 782 NW 42ND AVENUE, STE. 550  
City-St-Zip: MIAMI, FL 33126

Title: VP  
Name: BLANCO, JOSE JR.  
Address: 782 NW 42ND AVENUE, STE. 550  
City-St-Zip: MIAMI, FL 33126

Title: VP  
Name: BROWN, HARVEY  
Address: 10773 NW 58TH STREET, STE. 399  
City-St-Zip: DORAL, FL 33178

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: HARVEY BROWN

VP

04/01/2010

Electronic Signature of Signing Officer or Director

Date