

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011883

FILED
Aug 11, 2010
Secretary of State

Entity Name: PHYSICIANS GIVING BACK, INC.

Current Principal Place of Business:

3010 E. 138TH AVE
100
TAMPA, FL 33613

New Principal Place of Business:

131 N OAKWOOD AVE
BRANDON, FL 33510

Current Mailing Address:

3069 ANDERSON SNOW RD
436
SPRING HILL, FL 34609

New Mailing Address:

131 N OAKWOOD AVE
BRANDON, FL 33510

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

Name and Address of Current Registered Agent:

NOBLE, JAMES J
4142 MARINER BLVD
414
SPRING HILL, FL 34609 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: DIR
Name: NOBLE, VANESSA
Address: 4142 MARINER BLVD.. 414
City-St-Zip: SPRING HILL, FL 34609 JA

Title: DIR.
Name: NOBLE, JAMES J
Address: 4142 MARINER BLVD.. 414
City-St-Zip: SPRING HILL, FL 34609

Title: TRE.
Name: BRCKA, GARY
Address: 3010 E. 138TH AVE 100
City-St-Zip: TAMPA, FL 33613

Title: DIR
Name: SMITH, HEATHER
Address: 3010 E. 138TH AVE 100
City-St-Zip: TAMPA, FL 33613

Title: DR
Name: HECTOR, CASES
Address: 131 N. OAKWOOD AVE
City-St-Zip: BRANDON, FL 33510

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: HECTOR CASES

DIR

08/11/2010

Electronic Signature of Signing Officer or Director

Date