

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095262

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: AMERICAN PHYSICIAN NETWORK, INC.

**Current Principal Place of Business:**

2794 TENNIS CLUB DRIVE STE 204  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 222352  
WEST PALM BEACH, FL 334222352

**New Mailing Address:**

FEI Number: 65-1077119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BHOPINDAR, SINGH  
2794 TENNIS CLUB DRIVE STE 204  
WEST PALM BEACH, FL 33417 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVTs ( ) Delete  
Name: SINGH, BHOPINDAR  
Address: 2794 TENNIS CLUB DR, SUITE 204  
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. SINGH

PRES

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date