2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2008
Secretary of State

DOCUMENT# P01000016302

Entity Name: PHYSICIAN HOLDING CORP.

Current Principal Place of Business:

3737 N PINE ISLAND RD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3737 N PINE ISLAND RD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1088740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINAGRA, FRANK J
100 SE 3RD AVE, SUITE 1900
FT LAUDERDALE, FL 33394 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: DR. ( ) Delete
Name: BIZER, WAYNE
Address: 1001 S.W. 93RD TERR.
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: DR. ( ) Delete
Name: SKOLNICK, KEITH A
Address: 15515 SW 17TH STREET
City-St-Zip: DAVIE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KEITH SKOLNICK MD 01/19/2008

Electronic Signature of Signing Officer or Director — Date