

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000068389

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: PHYSICIAN BENEFITS GROUP, INC.

Current Principal Place of Business:

2061 ADVANA ST, NE
PALM BAY, FL 32905

New Principal Place of Business:

12600 77TH STREET
FELLSMERE, FL 32948

Current Mailing Address:

2061 ADVANA ST, NE
PALM BAY, FL 32905

New Mailing Address:

12600 77TH STREET
FELLSMERE, FL 32948

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

Name and Address of Current Registered Agent:

STANLEY, FREDERIC JR
260 MAITLAND AVE, SUITE 1500
ALTAMONTE SPRINGS, FL 32701 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUNDIFF, JAMES AUSTIN
Address: 2061 ADVANA ST, NE
City-St-Zip: PALM BAY, FL 32905

Title: VD (X) Delete
Name: DECKER, JULIE
Address: 2061 ADVANA ST, NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DECKER, JULIE
Address: 12600 77TH STREET
City-St-Zip: FELLSMERE, FL 32948

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIE DECKER

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date