

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90036 038 \*\*\*158.75

**DOCUMENT # P01000116332**

1. Entity Name  
FIRSTPHYSICIANS GROUP, P.A.



Principal Place of Business

3802 HWY 90  
MILTON, FL 32571

Mailing Address

3802 HWY 90  
MILTON, FL 32571

**50008026**



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3759388</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

STACKHOUSE, HARRY B  
125 WEST ROMANA STREET STE 800  
PENSACOLA, FL 32501

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ANDREWS, ROBERT M.D.
STREET ADDRESS	1717 NORTH E STREET #208
CITY-ST-ZIP	PENSACOLA, FL 32501

TITLE	D
NAME	BURNETT, WAYNE M.D.
STREET ADDRESS	8888 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE, FL 32566

TITLE	D
NAME	STCK, ROBERT M.D.
STREET ADDRESS	2569 GULF BREEZE PKWY
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	D
NAME	EPPS, LORNETTA MD
STREET ADDRESS	1717 NORTH E STREET #208
CITY-ST-ZIP	PENSACOLA, FL 32501

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Andrews MD*  
Robert Andrews MD

1/19/05

Date

850-994-5260

Daytime Phone #