

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116332

FILED
Apr 27, 2007
Secretary of State

Entity Name: FIRSTPHYSICIANS GROUP, P.A.

Current Principal Place of Business:

3802 HWY 90
MILTON, FL 32571

New Principal Place of Business:

3802 HWY 90
PACE, FL 32571

Current Mailing Address:

3802 HWY 90
MILTON, FL 32571

New Mailing Address:

3802 HWY 90
PACE, FL 32571

FEI Number: 59-3759388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STACKHOUSE, HARRY B
125 WEST ROMANA STREET STE 800
PENSACOLA, FL 32501 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: PRES () Delete
Name: ANDREWS, ROBERT M.D.
Address: 525 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: VP () Delete
Name: BEHRENS, CINDY M.D.
Address: 3810 HWY 90
City-St-Zip: PACE, FL 32571

Title: SEC () Delete
Name: MIAN, MUNIRA M.D.
Address: 8105 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32571

Title: TRES () Delete
Name: STACHLER, RICHARD MD
Address: 2569 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BEHRENS, CINDY M.D.
Address: 3810 HWY 90
City-St-Zip: PACE, FL 32571

Title: VP (X) Change () Addition
Name: RICHARD, STACHLER M.D.
Address: 1118 GULF BREEZE PKWY, SUITE 100
City-St-Zip: GULF BREEZE, FL 32561

Title: SEC (X) Change () Addition
Name: MIAN, MUNIRA M.D.
Address: 8105 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

Title: TRES (X) Change () Addition
Name: LAROSE, PAUL MD
Address: 525 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

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: CINDY BEHRENS, M.D.

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date