

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116332

FILED  
Mar 30, 2010  
Secretary of State

Entity Name: FIRSTPHYSICIANS GROUP, P.A.

**Current Principal Place of Business:**

3802 HWY 90  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

3802 HWY 90  
PACE, FL 32571

**New Mailing Address:**

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  
SUITE 800, ONE PENSACOLA PLAZA  
PENSACOLA, FL 32502 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  
Name: MIAN, MUNIRA M.D.  
Address: 8105 SCENIC HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: VP  
Name: LAROSE, PAUL M.D.  
Address: 525 BRENT LANE  
City-St-Zip: PENSACOLA, FL 32503

Title: SEC  
Name: STACHLER, RICHARD M.D.  
Address: 1118 GULF BREEZE PARKWAY, STE 100  
City-St-Zip: GULF BREEZE, FL 32561

Title: TRES  
Name: DAUM, MICHAEL M.D.  
Address: 6715 HIGHWAY 98 WEST  
City-St-Zip: PENSACOLA, FL 32506

I hereby 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 all other like empowered.

SIGNATURE: MUNIRA MIAN, M.D.

PRES

03/30/2010

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

\_\_\_\_\_  
Date