

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116332

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** FIRSTPHYSICIANS GROUP, P.A.

**Current Principal Place of Business:**

1717 NORTH  
SUITE 401  
PENSACOLA, FL 32501

**New Principal Place of Business:**

1717 NORTH E STREET  
SUITE 401  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 NORTH  
SUITE 401  
PENSACOLA, FL 32501

**New Mailing Address:**

1717 NORTH E STREET  
SUITE 401  
PENSACOLA, FL 32501

**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:**

EPPS, LORNETTA T M.D.  
1717 NORTH E STREET  
SUITE 401  
PENSACOLA, FL 32501 US

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:** LORNETTA T. EPPS, M.D.

02/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** EPPS, LORNETTA M.D.  
**Address:** 1717 NORTH E STREET STE 401  
**City-St-Zip:** PENSACOLA, FL 32501

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:** LORNETTA T EPPS

PRES

02/24/2012

Electronic Signature of Signing Officer or Director

Date