FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90042 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120898

1. Entity Name
COMMUNITY PHYSICIAN RECRUITING GROUP, INC.

Principal Place of Business	Mailing Address
~~6495 SUNSET STRIP SUITE 34~~ ~~SUNRISE, FL 33313~~	~~6495 SUNSET STRIP SUITE 34~~ ~~SUNRISE, FL 33313~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5409 NW 27 ST.		5409 NW 27 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT LAUDERDALE, FL		City & State: FORT LAUDERDALE, FL	
Zip: 33313	Country: U.S.A	Zip: 33313	Country: U.S.A

4. FEI Number: 01-0549935 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSWORTH, ALLEN
507 S.E. COURT
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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] 4/28/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD YEARWOOD, HALLAND F ~~6495 SUNSET STRIP SUITE 34~~ 5409 NW 27 ST. ~~SUNRISE, FL 33313~~ FORT LAUDERDALE, FL 33313 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4/28/03 (305) 962-4573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #