

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000033064

FILED
Oct 24, 2007
Secretary of State

Entity Name: PHYSICIAN GROUP OF SOUTH FLORIDA INC.

Current Principal Place of Business:

13375 SW 128 ST.
109A
MIAMI, FL 33186

New Principal Place of Business:

7171 CORAL WAY
316
MIAMI, FL 33155

Current Mailing Address:

13375 SW 128 ST.
109A
MIAMI, FL 33186

New Mailing Address:

7171 CORAL WAY
MIAMI, FL 33155

FEI Number: 01-0645100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALCON, ARMANDO A
13375 SW 128 ST
109A
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

FALCON, ARMANDO A
7171 CORAL WAY
316
MIAMI, FL 33155 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: ARMANDO FALCON

10/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FALCON, ARMANDO A
Address: 13375 SW 128 ST. APT 109A
City-St-Zip: MIAMI, FL 33186

Title: STD () Delete
Name: PEREZ, VANDELY G
Address: 13375 SW 128 ST. APT 109A
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FALCON, ARMANDO A
Address: 7171 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: STD (X) Change () Addition
Name: PEREZ, VANDELY G
Address: 7171 CORAL WAY
City-St-Zip: MIAMI, FL 33155

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: ARMANNO FALCON

PD

10/24/2007

Electronic Signature of Signing Officer or Director

Date