

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000033064

FILED
Apr 03, 2009
Secretary of State

Entity Name: PHYSICIAN GROUP OF SOUTH FLORIDA INC.

Current Principal Place of Business:

7171 CORAL WAY
316
MIAMI, FL 33155

New Principal Place of Business:

2355 SALZEDO ST.
314
CORAL GABLES, FL 33134

Current Mailing Address:

7171 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

2355 SALZEDO ST.
314
CORAL GABLES, FL 33134

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
7171 CORAL WAY
316
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

FALCON, ARMANDO A
2355 SALZEDO ST.
314
CORAL GABLES, FL 33134 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

04/03/2009

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: 7171 CORAL WAY
City-St-Zip: MIAMI, FL 33155

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FALCON, ARMANDO A
Address: 2355 SALZEDO ST.
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change () Addition
Name: PEREZ, VANDELY G
Address: 2355 SALZEDO ST.
City-St-Zip: CORAL GABLES, FL 33134

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: ARMANDO FALCON

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date