

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036744

FILED
Jan 17, 2005
Secretary of State

Entity Name: PHYSICIAN PARK MEDICAL GROUP, INC.

Current Principal Place of Business:

15809 GLEN WILLOW LANE
WELLINGTON, FL 33414

New Principal Place of Business:

1199 SOUTH MAIN STREET
SUITE 6
BELLE GLADE, FL 33430

Current Mailing Address:

15809 GLEN WILLOW LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 74-3041737 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ABU, YAW
15809 GLEN WILLOW LANE
WELLINGTON, FL 33414 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: DPVP () Delete
Name: ABU, YAW
Address: 15809 GLEN WILLOW LANE
City-St-Zip: WELLINGTON, FL 33414

Title: DST () Delete
Name: ABU, REBECCA
Address: 15909 GLEN WILLOW LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YAW ABU

DPVP

01/17/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date