

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036744

FILED
Jul 11, 2008
Secretary of State

Entity Name: PHYSICIAN PARK MEDICAL GROUP, INC.

Current Principal Place of Business:

124 SW 1ST STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

12333 EQUINE 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
12333 EQUINE 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

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: DPVP () Delete
Name: ABU, YAW
Address: 12333 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: DST () Delete
Name: ABU, REBECCA
Address: 12333 EQUINE 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 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: YAW O. ABU

MD

07/11/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date