

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036744

FILED  
Mar 10, 2009  
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

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 OFORI ABU.

MD

03/10/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date