

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90244 002 ***150.00

DOCUMENT # P02000059783

1. Entity Name
BKRY PHYSICIAN GROUP, INC.



Principal Place of Business
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Mailing Address
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

14022257



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Navigant Consulting
Two North Charles Street
Suite 400
Baltimore, Maryland 21201

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
32-0022803

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCOTT, MD, STEVEN M
2828 CROASDAILE DRIVE
DURHAM, NC 27705 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CROD
Charles R. Goldstein
Navigant Consulting
Two North Charles Street -Suite 400
Baltimore, Maryland 21201 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPS
DAUCHERT, JR, EUGENE F
2828 CROASDAILE DRIVE
DURHAM, NC 27705 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPT
GREENMAN, JACK S
2828 CROASDAILE DRIVE
DURHAM, NC 27705 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #