

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90039 023 \*\*\*150.00

**DOCUMENT # P02000068683**

1. Entity Name  
**IMG PHYSICIANS SERVICES, INC.**



Principal Place of Business  
**ONE INDEPENDENT DRIVE SUITE 3201  
JACKSONVILLE, FL 32202**

Mailing Address  
**ONE INDEPENDENT DRIVE SUITE 3201  
JACKSONVILLE, FL 32202**



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**81-0561934**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHUNN, DOUGLAS D  
ONE INDEPENDENT DR  
3201  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	BRYAN, CARTER B
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3201
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PD
NAME	HUNT, W SHANE
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3201
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PD
NAME	MCCULLEY, R BRYANT
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3201
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PD
NAME	BRYAN, SHELDON C
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3201
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/08**  
Date

**904-358-9797**  
Daytime Phone #