

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068683

FILED
Apr 20, 2009
Secretary of State

Entity Name: IMG PHYSICIANS SERVICES, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE SUITE 3201
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE SUITE 3201
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 81-0561934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WALLACE, MICHAEL J
ONE INDEPENDENT DR
3201
JACKSONVILLE, FL 32202 US

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: MICHAEL J. WALLACE

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BRYAN, CARTER B
Address: ONE INDEPENDENT DRIVE SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD () Delete
Name: HUNT, W SHANE
Address: ONE INDEPENDENT DRIVE SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MCCULLEY, R BRYANT
Address: ONE INDEPENDENT DRIVE SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: BRYAN, SHELDON C
Address: ONE INDEPENDENT DRIVE SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL J. WALLACE

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date