


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P02000103606 1. Entity Name PHYSICIANS MANAGEMENT GROUP OF DADE, INC.	
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Principal Place of Business 7150 W 20TH AVE STE 215 HIALEAH, FL 33016	Mailing Address 7150 W 20TH AVE STE 215 HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3876708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAWSON, NURIA
7150 W 20TH AVE STE 215
HIALEAH, FL 33016**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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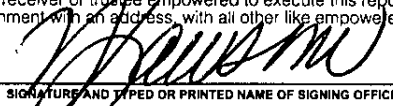
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, NURIA 7150 W 20TH AVE STE 215 HIALEAH, FL 33016
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04/16/07-80026-014 150.00

**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:  4/3/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____