2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2012
Secretary of State

DOCUMENT# P03000058125

Entity Name: PHYSICIANS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

18550 US HWY 441
A
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

18550 US HWY 441
A
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 55-0836056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANG, KHAI MD.
18550 US HWY 441
A
MOUNT DORA, FL 32757 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

OFFICERS AND DIRECTORS:

Title: P
Name: CHANG, KHAI S
Address: 18550 US HWY 441 STE A
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: ZELJKO, TOMISLAV
Address: 18550 US HWY 441 SUITE A
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: TODOROVIC, BORIS
Address: 18550 US HWY. 441 SUITE A
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: ZAMAN, WAHEEDUZ
Address: 18550 US HWY. 441 SUITE A
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: KHAI CHANG P 03/01/2012

Electronic Signature of Signing Officer or Director — Date