

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060632

FILED
Apr 13, 2009
Secretary of State

Entity Name: PHYSICIAN PROVIDERS GROUP, P.A.

Current Principal Place of Business:

2685 SW 32ND PLACE
SUITE 500
OCALA, FL 34474

New Principal Place of Business:

2685 SW 32ND PLACE
SUITE 500
OCALA, FL 34471

Current Mailing Address:

2685 SW 32ND PLACE
SUITE 500
OCALA, FL 34474

New Mailing Address:

2685 SW 32ND PLACE
SUITE 500
OCALA, FL 34471

FEI Number: 51-0473464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULSETH, ROBERT MD
2685 SW 32ND PLACE
SUITE 500
OCALA, FL 34474 US

Name and Address of New Registered Agent:

ULSETH, ROBERT MD
2685 SW 32ND PLACE
SUITE 500
OCALA, FL 34471 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: _____

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EURIBE, CESAR A M.D.
Address: 2685 SW 32ND PLACE SUITE 500
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: ULSETH, ROBERT M.D.
Address: 2685 SW 32ND PLACE SUITE 500
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EURIBE, CESAR A M.D.
Address: 2685 SW 32ND PLACE SUITE 500
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: ULSETH, ROBERT M.D.
Address: 2685 SW 32ND PLACE SUITE 500
City-St-Zip: OCALA, FL 34471

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: ROBERT ULSETH, M.D.

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date