2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# P03000069307

Entity Name: PHYSICIANS ACCESS GROUP, INC.

Current Principal Place of Business:

6630 BISCAYNE BLVD
MIAMI, FL 33138

New Principal Place of Business:

671 NW 119 TH STREET
NORTH MIAMI, FL 33168

Current Mailing Address:

6630 BISCAYNE BLVD
MIAMI, FL 33138

New Mailing Address:

671 NW 119 TH STREET
NORTH MIAMI, FL 33168

FEI Number: 20-0060585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IKPE, HELEN
6630 BISCAYNE BLVD
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

MOISE, RUDOLPH DR
671 NW 119 TH STREET
NORTH MIAMI, FL 33168 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: RUDOLPH MOISE D.O 04/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: MOISE, RUDOLPH DR.
Address: 671 NW 119 ST
City-St-Zip: N MIAMI, FL 33168

Title: P ( ) Delete
Name: IKPE, HELEN
Address: 6630 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOISE, RUDOLPH DR.
Address: 671 NW 119 ST
City-St-Zip: N MIAMI, FL 33168

Title: V (X) Change ( ) Addition
Name: IKPE, HELEN
Address: 671 NW 119 TH STREET
City-St-Zip: NORTH MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the 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: RUDOLPH MOISE D.O P 04/06/2006
Electronic Signature of Signing Officer or Director Date