

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069307

FILED
Apr 20, 2009
Secretary of State

Entity Name: PHYSICIANS ACCESS GROUP, INC.

Current Principal Place of Business:

9999 NE 2ND AVE, STE 209
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

8788 SW 8TH ST.
MIAMI, FL 33174

New Mailing Address:

9999 NE 2ND AVE, STE 209
MIAMI SHORES, FL 33138

FEI Number: 20-0060585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMPANY MANAGEMENT SERVICES, LLC
8788 S.W. 8TH STREET
MIAMI, FL 33174 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: MOISE, GUY RUDOLPH
Address: 6630 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33138

Title: VP () Delete
Name: THOMAS, CLIFF
Address: 6630 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33138

Title: S.T () Delete
Name: DRAPKIN, RON
Address: 6630 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: MOISE, GUY RUDOLPH
Address: 9999 NE 2ND AVE, STE 209
City-St-Zip: MIAMI SHORES, FL 33138

Title: VP (X) Change () Addition
Name: THOMAS, CLIFF
Address: 9999 NE 2ND AVE, STE 209
City-St-Zip: MIAMI SHORES, FL 33138

Title: S.T (X) Change () Addition
Name: DRAPKIN, RON
Address: 9999 NE 2ND AVE, STE 209
City-St-Zip: MIAMI SHORES, FL 33138

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: RUDOLPH MOISE

PDC

04/20/2009

Electronic Signature of Signing Officer or Director

Date