

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069307

FILED  
Apr 15, 2010  
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:**

9999 NE 2ND AVE.  
SUITE 209  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

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

**New Mailing Address:**

9999 NE 2ND AVE.  
SUITE 209  
MIAMI SHORES, FL 33138

**FEI Number:** 20-0060585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** MOISE, GUY RUDOLPH  
**Address:** 9999 NE 2ND AVE, STE 209  
**City-St-Zip:** MIAMI SHORES, FL 33138

**Title:** VP  
**Name:** THOMAS, CLIFF  
**Address:** 9999 NE 2ND AVE, STE 209  
**City-St-Zip:** MIAMI SHORES, FL 33138

**Title:** S,T  
**Name:** DRAPKIN, RON  
**Address:** 9999 NE 2ND AVE, STE 209  
**City-St-Zip:** MIAMI SHORES, FL 33138

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:** GUY RUDOLPH MOISE

MGR

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date