

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089644

FILED
Apr 29, 2005
Secretary of State

Entity Name: PHYSICIAN CONCEPTS, INC.

Current Principal Place of Business:

201 S. BISCAYNE BLVD.
SUITE 2000
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

201 S. BISCAYNE BLVD.
SUITE 2000
MIAMI, FL 33131

New Mailing Address:

FEI Number: 41-2123335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ.
201 S. BISCAYNE BOULEVARD
SUITE 2000
MIAMI, FL 33131 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: D/P () Delete
Name: KHAN, ATIF
Address: 1111 BRICKELL AVENUE, #1100
City-St-Zip: MIAMI, FL 33131

Title: DVP () Delete
Name: SCHNUR, STEVEN
Address: 1111 BRICKELL AVENUE, #1100
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: KHAN, ATIF
Address: 247 S.W. 8TH STREET, #211
City-St-Zip: MIAMI, FL 33130

Title: DVP (X) Change () Addition
Name: SCHNUR, STEVEN
Address: 1643 BRICKELL AVENUE, #1802
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ATIF KAHN

D/P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date