

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000061422

**FILED**  
**Jun 04, 2010**  
**Secretary of State**

**Entity Name:** PERSONALIZED PHYSICIAN CARE, INC.

**Current Principal Place of Business:**

3368 WOODS EDGE CIRCLE  
SUITE 101  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

3368 WOODS EDGE CIRCLE  
SUITE 101  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 20-1007637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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

**OFFICERS AND DIRECTORS:**

Title: DPCE  
Name: REED, THOMAS W  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: KRAVIS, RICHARD M MD  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVPS  
Name: DONOVAN, MINDA  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVPT  
Name: TAYLOR, ROBERT W  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP  
Name: VAZQUEZ, REBECCA  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SRVP  
Name: KANG, BYUNG  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

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: THOMAS W. REED

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06/04/2010

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

\_\_\_\_\_  
Date