2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P05000155203

Entity Name: PHYSICIANS MANAGEMENT GROUP,INC.

Current Principal Place of Business:

8710 W HILLSBOROUGH AVE
PMB 148
TAMPA, FL 33615 US

New Principal Place of Business:

1502 W BUSCH BLVD
D-2
TAMPA, FL 33612 US

Current Mailing Address:

8710 W HILLSBOROUGH AVE
PMB 148
TAMPA, FL 33615 US

New Mailing Address:

1502 W BUSCH BLVD
D-2
TAMPA, FL 33612 US

FEI Number: 20-3775338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BCHARA, EVELYN
8710 W HILLSBOROUGH AVE
PMB 148
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

BCHARA, EVELYN
1502 W BUSCH BLVD
D-2
TAMPA, FL 33612 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: 04/20/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASAINO, WILSON
Address: 8710 W HILLSBOROUGH AVE,PMB148
City-St-Zip: TAMPA, FL 33615 US

Title: VP ( ) Delete
Name: BCHARA, EVELYN
Address: 8710 W HILLSBOROUGH AVE;PMB148
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CASIANO, WILSON
Address: 1502 W BUSCH BLVD STE. D-2
City-St-Zip: TAMPA, FL 33612 US

Title: VP (X) Change ( ) Addition
Name: BCHARA, EVELYN
Address: 1502 W BUSCH BLVD. STE. D-2
City-St-Zip: TAMPA, FL 33612 US

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: EVELYN BCHARA VP 04/20/2006
Electronic Signature of Signing Officer or Director — Date