

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003578

FILED
Jan 27, 2009
Secretary of State

Entity Name: POWERS PHYSICIAN GROUP, INC.

Current Principal Place of Business:

1130 SOUTH SEMORAN BOULEVARD
SUITE C
ORLANDO, FL 32807 US

New Principal Place of Business:

885 N. POWER DRIVE
SUITE B
ORLANDO, FL 32818 US

Current Mailing Address:

121 SOUTH ORANGE AVE.
SUITE 940
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3635929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JORGE L
1130 SOUTH SEMORAN BOULEVARD
SUITE C
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

GARCIA, JORGE L
121 SOUTH ORANGE AVE.
SUITE 940
ORLANDO, FL 32801 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:

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: GARCIA, JORGE L
Address: 1130 SOUTH SEMORAN BOULEVARD, SUITE C
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: GARCIA, JORGE L
Address: 121 SOUTH ORANGE AVE. SUITE 940
City-St-Zip: ORLANDO, FL 32801 US

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: JORGE L. GARCIA

D,P

01/27/2009

Electronic Signature of Signing Officer or Director

Date