

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037025

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** PHYSICIANS RECRUITING NETWORK, INC.

**Current Principal Place of Business:**

817 FORESTERIA AVENUE  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

817 FORESTERIA AVENUE  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

**FEI Number:** 22-3922560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: INGA, JORGE L MD  
Address: 817 FORESTERIA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VSTD ( ) Delete  
Name: INGA, ALISON MD  
Address: 817 FORESTERIA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSTD (X) Change ( ) Addition  
Name: INGA, ALISON  
Address: 817 FORESTERIA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33414

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: ALISON M. INGA

VSTD

04/27/2009

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

\_\_\_\_\_  
Date