

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094904

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: BLUE RIDGE PHYSICIANS GROUP, INC.

## Current Principal Place of Business:

1048 HAGEN DR  
TRINITY, FL 34655

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1644  
PALM HARBOR, FL 34682

## New Mailing Address:

FEI Number: 26-0775266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSIAL, A. J JR.  
1211 WEST FLETCHER AVENUE  
TAMPA, FL 33612 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: P ( ) Delete  
Name: SCHLAU, ARON  
Address: PO BOX 1644  
City-St-Zip: PALM HARBOR, FL 34682

Title: S ( ) Delete  
Name: SCHLAU, ARON  
Address: PO BOX 1644  
City-St-Zip: PALM HARBOR, FL 34682

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ARON SCHLAU

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date