2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2010
Secretary of State

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Entity Name: PHYSICIANS COLLABORATIVE ASSOCIATES, INC.

Current Principal Place of Business:

425 W.COLONIAL DRIVE
302
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547066
ORLANDO, FL 32854

New Mailing Address:

FEI Number: 26-4433180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QADIR, AFTAB
425 W. COLONIAL DRIVE
302
ORLANDO, FL 32804 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
Name: QADIR, AFTAB
Address: P.O. BOX 547066
City-St-Zip: ORLANDO, FL 32854

Title: VP
Name: SINGH, SANJEEV
Address: P.O. BOX 547066
City-St-Zip: ORLANDO, FL 32854

Title: VP
Name: ALLEN, LUIS G
Address: P.O. BOX 547066
City-St-Zip: ORLANDO, FL 32854

Title: DIR
Name: SINGH, SURAHBI
Address: P.O. BOX 547066
City-St-Zip: ORLANDO, FL 32854

Title: DIR
Name: WILLIAMS ALLEN, MAXINE E
Address: P.O. BOX 547066
City-St-Zip: ORLANDO, FL 32854

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: MAXINE WILLIAMS ALLEN DIR 03/01/2010

Electronic Signature of Signing Officer or Director — Date