

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022792

FILED  
Apr 20, 2012  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**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:** AFTAB QADIR

PRES

04/20/2012

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

\_\_\_\_\_  
Date