# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2010**
**Secretary of State**

DOCUMENT# P09000024853

**Entity Name:** PHYSICIAN RESOURCES OF AMERICA, INC

**Current Principal Place of Business:**

8145 SW 53 AVE
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

8145 SW 53 AVE
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number: 27-0356061** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DAMUS, ALFRED MD
8145 SW 53 AVE
MIAMI, FL 33143 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: DIR
Name: DAMUS, ALFRED MD
Address: 8145 SW 53 AVE
City-St-Zip: MIAMI, FL 33143

Title: DIR
Name: WICKHAM, J.THOMAS
Address: 9036 BAHAMAS WOODS LANE
City-St-Zip: BAHAMAS, NC 27503

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: ALFRED DAMUS DIR 04/28/2010

Electronic Signature of Signing Officer or Director Date