

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000040444

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** PERSONAL PHYSICIAN MANAGEMENT GROUP OF HALLANDALE, INC.

**Current Principal Place of Business:**

2100 E. HALLANDALE BEACH BLVD.  
307  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

4800 LINTON BLVD.  
F-107  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

**FEI Number:** 27-2555806      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NEUMAN, DAVID M.D.  
4800 LINTON BLVD.  
F-107  
DELRAY BEACH, FL 33445 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: P  
Name: NEUMAN, DAVID M.D.  
Address: 4800 LINTON BLVD., SUITE F-107  
City-St-Zip: DELRAY BEACH, FL 33445 US

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: DAVID NEUMAN

P

02/18/2011

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

\_\_\_\_\_  
Date