

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000047788



1. Entity Name  
PHYSICIAN OFFICES OF FLORIDA CITY, INC.

Principal Place of Business  
646 W. PALM DR.  
FLORIDA CITY, FL 33034

Mailing Address  
PO BOX 901290  
HOMESTEAD, FL 33090-1290

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0501090	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WELLISCH, IRA  
646 W PALM DR  
FLORIDA CITY, FL 33034

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME WELLISCH, IRA S  
STREET ADDRESS 10000 S.W. 122ND TERRACE  
CITY-ST-ZIP MIAMI, FL 33176

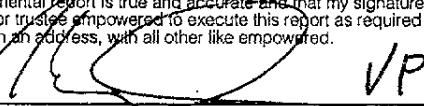
TITLE P  
NAME STUART, ADAM M  
STREET ADDRESS 9632 SW 123ST  
CITY-ST-ZIP MIAMI, FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000554011  
05/15/06-80076-019 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

VP.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-242

4/26/06 0883

Telephone/Fax # K-110