

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047788

FILED
Apr 12, 2011
Secretary of State

Entity Name: PHYSICIAN OFFICES OF FLORIDA CITY, INC.

Current Principal Place of Business:

646 W. PALM DR.
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

PO BOX 901290
HOMESTEAD, FL 330901290

New Mailing Address:

FEI Number: 65-0501090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLISCH, IRA
646 W PALM DR
FLORIDA CITY, FL 33034 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: VP
Name: WELLISCH, IRA S
Address: 646 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: P
Name: STUART, ADAM M
Address: 9632 SW 123ST
City-St-Zip: MIAMI, FL 33176

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: IRA S. WELLISCH

VP

04/12/2011

Electronic Signature of Signing Officer or Director

Date