

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015621

FILED
Apr 24, 2009
Secretary of State

Entity Name: PHYSICIANS MANAGEMENT CORPORATION

Current Principal Place of Business:

95 BULLDOG BLVD.
SUITE 100
MELBOURNE, FL 32901

New Principal Place of Business:

1344 S APOLLO BLVD
STE 400
MELBOURNE, FL 32901

Current Mailing Address:

95 BULLDOG BLVD.
SUITE 100
MELBOURNE, FL 32901

New Mailing Address:

1344 S APOLLO BLVD
STE 400
MELBOURNE, FL 32901

FEI Number: 59-3427553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1686 W. HIBISCUS BLVD.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

KANCILIA, JOHN R
1795 W NASA BLVD
MELBOURNE, FL 32901 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELIGDISH, CRAIG M.D.
Address: 95 BULLDOG BLVD.,STE. 100
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELIGDISH, CRAIG K M.D.
Address: 1344 S APOLLO BLVD STE 400
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG K DELIGDISH

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date