

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90037 011 ***150.00

DOCUMENT # P96000055742

1. Entity Name
PHYSICIAN PARTNERS NETWORK, P.A.



Principal Place of Business

605 LAMAR AVE
BROOKSVILLE, FL 34601 US

Mailing Address

605 LAMAR AVE
BROOKSVILLE, FL 34601 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3390677

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, JAMES R M.D.
605 LAMAR AVE
BROOKSVILLE, FL 34601

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUMMINGS, JAMES R M.D. 605 LAMAR AVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, GARY E M.D. 11373 CORTEZ BLVD STE 300 BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAHMALJI, GHIATH M.D. 11373 CORTEZ BLVD STE 304 BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABUZARAD, HUSAMA 11373 CORTEZ BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

James R Cummings MD

1/14/05

Date

352 796 9990

Daytime Phone