


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90062 050 ***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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3390677	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CUMMINGS, JAMES R M.D. 605 LAMAR AVE BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Saba, Rashid 11373 Cortez Blvd. Suite 300 Brooksville, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHMALJY, GHIATH M.D. 11373 CORTEZ BLVD STE 304 BROOKSVILLE, FL 34613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABUZARAD, HUSAM A 11373 CORTEZ BOULEVARD STE 302 BROOKSVILLE, FL 34613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ 2/16/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					