2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P96000055742

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

Principal Place of Business	Mailing Address
605 LAMAR AVE BROOKSVILLE, FL 34601 US	605 LAMAR AVE BROOKSVILLE, FL 34601 US

DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

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

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

000000382627
04/16/08-80028-015 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUMMINGS, JAMES R M.D.
STREET ADDRESS	605 LAMAR AVE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	SABA, RASHID
STREET ADDRESS	11373 CORTEZ BLVD STE 300
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	D
NAME	MAHMALJY, GHIATH M.D.
STREET ADDRESS	11373 CORTEZ BLVD STE 304
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	D
NAME	ABUZARAD, HUSAM A
STREET ADDRESS	11373 CORTEZ BOULEVARD STE 302
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 3/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #