

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055742

FILED
Mar 30, 2009
Secretary of State

Entity Name: PHYSICIAN PARTNERS NETWORK, P.A.

Current Principal Place of Business:

605 LAMAR AVE
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

605 LAMAR AVE
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-3390677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUMMINGS, JAMES R M.D.
Address: 605 LAMAR AVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: SABA, RASHID
Address: 11373 CORTEZ BLVD STE 300
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: MAHMALJY, GHIATH M.D.
Address: 11373 CORTEZ BLVD STE 304
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: ABUZARAD, HUSAM A
Address: 11373 CORTEZ BOULEVARD STE 302
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUDITH D LYONS

PR M

03/30/2009

Electronic Signature of Signing Officer or Director

Date