

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055742

FILED
Apr 28, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. CUMMINGS, M.D.

DIR

04/28/2011

Electronic Signature of Signing Officer or Director

Date