

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065669

FILED
Jul 27, 2007
Secretary of State

Entity Name: TAMPA BAY PHYSICIANS GROUP, INC.

Current Principal Place of Business:

1602 WEST SLIGH AVENUE #500
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1602 WEST SLIGH AVENUE #500
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3403915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
401 E. JACKSON STREET
SUITE 1700
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NELSON MANE,
Address: 1602 W SLIGH AVE# 500
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: NELSON MANE,
Address: 1602 W SLIGH AVE# 500
City-St-Zip: TAMPA, FL 33604

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: NELSON MANE

Electronic Signature of Signing Officer or Director

DR.

07/27/2007

Date