

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034977

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: PHYSICIANS MEDICAL CENTER, INC.

## Current Principal Place of Business:

2970 HARTLEY RD  
#106  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

2970 HARTLEY RD  
#106  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 59-3442033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, LANCE P  
1723 BLANDING BLVD.  
102  
JACKSONVILLE, FL 32210 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: CRITZER, VICTORIA  
Address: 2970 HARTLEY RD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: P VP ( ) Delete  
Name: CRITZER, VICTORIA  
Address: 2970 HARTLEY RD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST ( ) Delete  
Name: CRITZER, MICHAEL  
Address: 2970 HARTLEY RD  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CRITZER, VICTORIA  
Address: 2970 HARTLEY RD. SUITE 106  
City-St-Zip: JACKSONVILLE, FL 32257

Title: P VP (X) Change ( ) Addition  
Name: CRITZER, VICTORIA  
Address: 2970 HARTLEY RD. SUITE 106  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST (X) Change ( ) Addition  
Name: CRITZER, MICHAEL  
Address: 2970 HARTLEY RD SUITE 106  
City-St-Zip: JACKSONVILLE, FL 32257

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: MICHAEL CRITZER

ST

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date