2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034977

Entity Name: PHYSICIANS MEDICAL CENTER, INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2970 HARTLEY RD 9826 SAN JOSE BOULEVARD #106 JACKSONVILLE, FL 32257

JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

2970 HARTLEY RD 9826 SAN JOSE BOULEVARD #106 JACKSONVILLE, FL 32257

#106 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, LANCE P 1723 BLANDING BLVD. 102 JACKSONVILLE, FL 32210 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: CRITZER, VICTORIA Name: CRITZER, VICTORIA

Address: 2970 HARTLEY RD. SUITE 106 Address: 9826 SAN JOSE BOULEVARD City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

Title: P VP () Delete Title: P VP (X) Change () Addition Name: CRITZER, VICTORIA Name: CRITZER, VICTORIA

Address: 2970 HARTLEY RD. SUITE 106 Address: 9826 SAN JOSE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 CRITZER, MICHAEL
 Name:
 CRITZER, MICHAEL

 Address:
 2970 HARTLEY RD SUITE 106
 Address:
 9826 SAN JOSE BOULEVARD

 City-St-Zip:
 JACKSONVILLE, FL 32257
 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 03/26/2009