

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000072460

1. Entity Name
PHYSICIAN'S HEALTH, INC.



Principal Place of Business

2707 N HIMES AVE
TAMPA, FL 33607

Mailing Address

2707 N HIMES AVE
TAMPA, FL 33607



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3530904

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVAS, BENNY JR
2707 N. HIMES AVE
#B
TAMPA, FL 33607

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIVAS, BENJAMIN JR.
STREET ADDRESS	2707 N HIMES AVE
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	VP
NAME	RIVAS, CHRISTOPHER
STREET ADDRESS	2707 N HIMES AVE
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/14/05-80099-002 198.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Benny Rivas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05
Date

813-825-5000
Daytime Phone #