
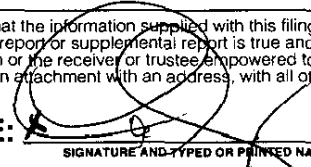


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90001 027 ***150.00

DOCUMENT # P98000075734 1. Entity Name PHYSICIANS HEALTHCARE GROUP, INC.					
Principal Place of Business 160 NW 13TH STREET 9815 SW 114 ST HOMESTEAD, FL 33030 Miami FL 33176				Mailing Address 9815 SW 114TH STREET MIAMI, FL 33176-4145	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09092004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0860318	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEIL, DANIEL MPA 3165 WEST 4TH AVENUE HIALEAH, FL 33012				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P GONZALEZ, AIMEE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9815 SW 114 ST		NAME		
STREET ADDRESS	MIAMI, FL 331764145		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> <small>Daytime Phone #</small>	

Attachment
524073374

PHYSICIANS HEALTHCARE GROUP INC
9815 SW 114 STREET
MIAMI FL 33176-4145

September 9, 2004

Florida Department of State

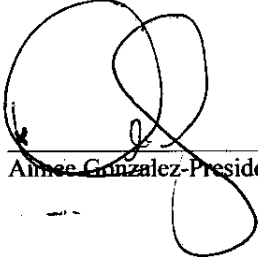
Re: 2004 UBR Reports
Doc# P98000075734

Dear State Representative:

Please allow this letter to serve as a statement that we never received our 2004 UBR Report. Enclosed is a check totaling \$150 to cover our 2004 filing fee. At this time, we are requesting an abatement of penalties in regards to this matter. Thank you in advance for your understanding and cooperation .

If you have any further questions in regards to the above please feel free to contact us.

Sincerely,



Annee Gonzalez-President

Enclosure