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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079042

1. Corporation Name
PHYSICIANS GROUP LIMITED, INC.

Principal Place of Business: 404 18TH AVE. INDIAN ROCKS BEACH FL 33785
Mailing Address: 404 18TH AVE. INDIAN ROCKS BEACH FL 33785

2300 GULF BLVD. SUITE C INDIAN ROCKS BEACH, FL 33785



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 09/08/1998
4. FEI Number: 59-3535926
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business: 21 2300 GULF BLVD, 22 C, 23 INDIAN ROCKS BEACH, FL, 24 33785
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: SHAW, WILLIAM B JR, 18395 GULF BLVD. #202, INDIAN SHORES FL 33785

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 6 rows for Officers and Directors. Row 1: P KONTOS, PERRY L, 404 18TH AVE, INDIAN ROCKS BEACH FL 33785. Other rows are empty with 'DELETE' checkboxes.

Table with 6 rows for Additions/Changes to Officers and Directors in 12. All rows are empty with 'Change' and 'Addition' checkboxes.

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: PERRY L KONTOS, President 4-28-99 727-595-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UNL43061

CR2E034 (1/98)