


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90002 003 ***150.00

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DOCUMENT # P99000038297					
1. Entity Name PALM BEACH PHYSICIANS GROUP, INC.					
Principal Place of Business 4601 N. CONGRESS AVENUE WEST PALM BEACH, FL 33407			Mailing Address 4601 N. CONGRESS AVENUE WEST PALM BEACH, FL 33407		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0913011	
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		
KOHLMAN, TERRY 4601 N. CONGRESS AVENUE WEST PALM BEACH, FL 33407			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 \$150.00 After May 1, 2006 Fee will be \$550.00		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOHLMAN, TERRY T		NAME		
STREET ADDRESS	4601 N. CONGRESS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAVER, BRIAN MD		NAME		
STREET ADDRESS	4601 N CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNHOF, HANS MD		NAME		
STREET ADDRESS	4601 N CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRESNER, JEFFREY MD		NAME		
STREET ADDRESS	4601 N CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		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		
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____			Date: 2/17/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		