


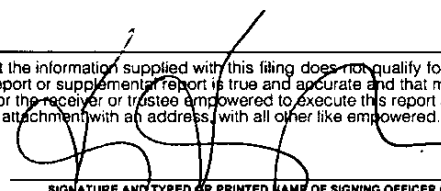
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90085 033 ***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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0913011	
				Applied For Not Applicable	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 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: 				1-26-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	