

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/3.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-03-2000 90028 050 ***150.00

DOCUMENT # P99000065188

1. Entity Name

PHYSICIANS' MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

2061 ENGLEWOOD RD.
 ENGLEWOOD FL 34223

2061 ENGLEWOOD RD.
 ENGLEWOOD FL 34223-1747

2. Principal Place of Business

3. Mailing Address

Suits, Apt. #, etc.

Suits, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0941374

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDBROOKE, CHRIS
 2061 ENGLEWOOD RD.
 ENGLEWOOD FL 34223

Name: **ANGELA EDBROOKE**

Street Address (P.O. Box Number is Not Acceptable)

2061 ENGLEWOOD RD #4

City: **ENGLEWOOD**

FL

Zip Code: **34223**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	EDBROOKE, CHRIS	2061 ENGLEWOOD RD.	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	ANGELA EDBROOKE	2061 ENGLEWOOD RD #4	ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Edbrooke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-20-00 941 473-11

CR2E034 (9/99)