
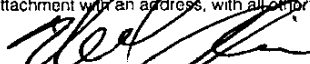


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90031 036 ***150.00

DOCUMENT # P99000090220 1. Entity Name PHYSICIAN ADVISORY GROUP, INCORPORATED					
Principal Place of Business 500 NW 43RD STREET, SUITE 3 GAINESVILLE, FL 32607			Mailing Address 500 NW 43RD STREET, SUITE 3 GAINESVILLE, FL 32607		
2. Principal Place of Business - No P.O. Box # 4110-D NW 37th PLACE		3. Mailing Address 4110-D NW 37th PLACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State GAINESVILLE FL		City & State GAINESVILLE FL			
Zip 32606		Country US		Zip 32606	
Country US		4. FEI Number 59-3601570			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSIN, NEIL H 1144 NW 120TH TERRACE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13984 NW 30th AVENUE City GAINESVILLE FL 32606		
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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D LYTLE, ROBERT W II 500 NW 43RD STE STE 3 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4110-D NW 37th PLACE GAINESVILLE FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSIN, NEIL H 1144 NW 120TH TERRACE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4110-D NW 37th PLACE GAINESVILLE FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  NEIL ROSIN			1/15/08 352-379-8220		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		