2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
CC2026470394

DOCUMENT# N05000007835

Entity Name: PHYSICIAN CARE FOUNDATION, INC.

Current Principal Place of Business:

4500 W. NEWBERRY RD
GAINESVILLE, FL 32607

Current Mailing Address:

4500 W. NEWBERRY RD
GAINESVILLE, FL 32607 US

FEI Number: 20-3244582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE SUITE 115
JACKSONVILLE, FL 32204 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	D
Name	LANE, TIMOTHY MD	Name	ROCCA, ANDREW F
Address	4500 W. NEWBERRY RD	Address	4500 W. NEWBERRY RD
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607

Title	TREA
Name	ANDERSON, MICHAEL A
Address	4500 W. NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A ANDERSON CFO 04/30/2015

Electronic Signature of Signing Officer/Director Detail — Date