

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002574

Entity Name: PSG USA FOUNDATION INC**Current Principal Place of Business:**493 PROSPERITY LAKE DRIVE
SAINT AUGUSTINE, FL 32092**Current Mailing Address:**493 PROSPERITY LAKE DRIVE
SAINT AUGUSTINE, FL 32092**FEI Number:** 27-5243489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOBERANO, MICHAEL
493 PROSPERITY LAKE DRIVE
SAINT AUGUSTINE, FL 32092 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	P
Name	SOBERANO, MICHAEL MD
Address	493 PROSPERITY LAKE DR
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	TD
Name	LUZ, VICTOR MD
Address	493 PROSPERITY LAKE DR
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	SD
Name	SAMONTE, ERIC MD
Address	493 PROSPERITY LAKE DR
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	VPD
Name	AQUILAR, BEN HUR MD
Address	493 PROSPERITY LAKE DR
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	VPD
Name	ALAMO, AQUELINA MD
Address	493 PROSPERITY LAKE DR
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	VPD
Name	CASIS, FERDINAND MD
Address	493 PROSPERITY LAKE DR
City-State-Zip:	SAINT AUGUSTINE FL 32092

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 M. SOBERANO, MD

P

03/13/2013

Electronic Signature of Signing Officer/Director Detail_____
Date