

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600275

Entity Name: PHYSICIANS GROUP OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

4300 ALTON ROAD
GREENE PAVILION, SUITE 810
MIAMI BEACH, FL 33140

Current Mailing Address:

1801 NE 123RD STREET
SUITE 405
NORTH MIAMI, FL 33181 US

FEI Number: 59-1173552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, JANE MD
1801 NE 123RD STREET
SUITE 405
NORTH MIAMI , FL 33181 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 MD
Name COHEN, JANE MD
Address 4300 ALTON ROAD, GREEN PAVILION
SUITE 810
City-State-Zip: MIAMI BEACH FL 33140

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE COHEN

MANAGING PHYSICIAN

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date