

**2016 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

Title MD  
Name KUTNER, ALAN MD  
Address 4300 ALTON RD, GREEN PAVILION  
SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140

Title MD  
Name JONAS, IVAN MD  
Address 4300 ALTON RD, GREEN PAVILION  
SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140

Title MD  
Name COHEN, DAVID MD  
Address 4300 ALTON RD, GREEN PAVILION,  
SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140

Title MD  
Name RADICK, JASON MD  
Address 4300 ALTON RD, GREEN PAVILION,  
SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140

Title MD  
Name DROST, MARTIN MD  
Address 4300 ALTON RD, GREEN PAVILION,  
SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140

Title DO  
Name PACHTER, BRIAN DO  
Address 4300 ALTON ROAD  
GREENE PAVILION, SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140

Title MD  
Name IRIZARRY-COLON, LEILANY MD  
Address 4300 ALTON ROAD  
GREENE PAVILION, SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140

**Continues on page 2**

*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 S. COHEN, MD

COO

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MD  
Name WOLFSON, DANIEL MD  
Address 4300 ALTON ROAD  
GREENE PAVILION, SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140

Title MD  
Name NEWMAN, ARIN MD  
Address 4300 ALTON ROAD  
GREENE PAVILION, SUITE 810  
City-State-Zip: MIAMI BEACH FL 33140