

2015 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

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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

COO

01/11/2015

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

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

Title MD
Name IRIZARRY-COLON, LEILANY MD
Address 4300 ALTON ROAD
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Title MD
Name NEWMAN, ARIN MD
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