

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060632

Entity Name: PHYSICIAN PROVIDERS GROUP, P.A.

Current Principal Place of Business:

305 S LINE AVENUE
INVERNESS, FL 34452

Current Mailing Address:

8 OCALE WAY N
SUMMERFIELD, FL 34491 US

FEI Number: 51-0473464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ULSETH, ROBERT MD
305 S LINE AVENUE
INVERNESS, FL 34452 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 PRESIDENT
Name ULSETH, ROBERT DR.
Address 305 S LINE AVENUE
City-State-Zip: INVERNESS FL 34452

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: ROBERT ULSETH

MGR.

04/01/2017

Electronic Signature of Signing Officer/Director Detail

Date