

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060632

Entity Name: PHYSICIAN PROVIDERS GROUP, P.A.

Current Principal Place of Business:

1731 SW 2ND AVE.
SUITE A
OCALA, FL 34471

Current Mailing Address:

1731 SW 2ND AVE.
SUITE A
OCALA, FL 34471 US

FEI Number: 51-0473464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ULSETH, ROBERT MD
1731 SW 2ND AVE.
SUITE A
OCALA, FL 34471 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 D
Name EURIBE, CESAR AM.D.
Address 1731 SW 2ND AVE. SUITE A
City-State-Zip: Ocala FL 34471

Title D
Name ULSETH, ROBERT M.D.
Address 1731 SW 2ND AVE. SUITE A
City-State-Zip: Ocala FL 34471

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

D

02/19/2013

Electronic Signature of Signing Officer/Director Detail

Date