

**2018 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**

**PRESIDENT**

**04/16/2018**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date