

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000017764

Entity Name: CRP PHYSICIAN SERVICES, INC

Current Principal Place of Business:

2069 SW 195 AVENUE
MIRAMAR, FL 33029

Current Mailing Address:

P.O. BOX 14-4640
CORAL GABLES, FL 33114

FEI Number: 45-4781004

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, KARREN ESQ
3849 BUCKINGHAMSHIRE DRIVE
LAND O LAKES, FL 34638 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 VP
Name SIERRA, NILO
Address 2069 SW 195 AVENUE
City-State-Zip: MIRAMAR FL 33029

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: NILO SIERRA

VICE PRESIDENT

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date