

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000070573

**Entity Name:** PHYSICIANS GROUP SERVICES, P.A.

**Current Principal Place of Business:**

705 WELLS ROAD, SUITE 300  
ORANGE PARK, FL 32073

**Current Mailing Address:**

705 WELLS ROAD, SUITE 300  
ATTN: ACCOUNTING DEPARTMENT  
ORANGE PARK, FL 32073 US

**FEI Number:** 59-3591435

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MH CORPORATE SERVICES, INC.  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 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:** ROBERT G. SHAFFER, II

04/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO  
Name GLENN, CHRISTOPHER M  
Address 705 WELLS ROAD, SUITE 300  
City-State-Zip: ORANGE PARK FL 32073

Title PRESIDENT  
Name POWELL, KENNETH A  
Address 705 WELLS ROAD, SUITE 300  
City-State-Zip: ORANGE PARK FL 32073

Title TREASURER  
Name MILLER, ALAN E  
Address 705 WELLS ROAD, SUITE 300  
City-State-Zip: ORANGE PARK FL 32073

Title SECRETARY  
Name GREENE, MICHAEL  
Address 705 WELLS ROAD, SUITE 300  
City-State-Zip: ORANGE PARK FL 32073

Title CEO  
Name CHRISTMAN, ANDREW  
Address 705 WELLS ROAD, SUITE 300  
City-State-Zip: ORANGE PARK FL 32073

*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:** KENNETH POWELL

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date