

2024 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

04/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title COO
Name TABOH, GREGG
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

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date