

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007576

**Entity Name:** PHYSICIANS HEALTHCARE MANAGEMENT GROUP, INC.

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC2707048606**

**Current Principal Place of Business:**

C/O ROBERT L TRINKA  
1570 S TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

C/O ROBERT L TRINKA  
1570 S TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141 US

**FEI Number: 42-1639683**

**Certificate of Status Desired: No**

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

TRINKA, ROBERT  
1570 S TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141 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 CP  
Name TRINKA, ROBERT  
Address 1570 S TREASURE DRIVE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

*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 L TRINKA**

**CP**

**04/29/2013**

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

\_\_\_\_\_  
Date