

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 27, 2009  
Secretary of State**

DOCUMENT# P05000076359

Entity Name: PALMETTO PHYSICIAN PRACTICES, INC.

**Current Principal Place of Business:**

13737 NOEL RD STE 100  
DALLAS, TX 75240

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: DONNA JARRELL  
13737 NOEL ROAD, SUITE 100  
DALLAS, TX 75240

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALEMAN, RALPH  
Address: 651 EAST 25TH ST  
City-St-Zip: HIALEAH, FL 33013

Title: T ( ) Delete  
Name: SHERMAN, JEFFREY  
Address: 13737 NOEL ROAD, SUITE 100  
City-St-Zip: DALLAS, TX 75240

Title: S ( ) Delete  
Name: MACK, KRISTINA  
Address: 13737 NOEL ROAD, SUITE 100  
City-St-Zip: DALLAS, TX 75240

Title: D (X) Delete  
Name: MACK, KRISTINA  
Address: 13737 NOEL ROAD, SUITE 100  
City-St-Zip: DALLAS, TX 75240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: POWER, MARSHA D  
Address: 5810 CORAL RIDGE DR., SUTIE 300  
City-St-Zip: FT. LAUDERDALE, FL 33076

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MACK, KRISTINA A  
Address: 13737 NOEL ROAD, SUITE 100  
City-St-Zip: DALLAS, TX 75240

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KRISTINA A. MACK

S

03/27/2009

Electronic Signature of Signing Officer or Director

Date