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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90031 006 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002763

1. Corporation Name
PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.

Principal Place of Business 1101 14TH ST NW, SUITE 700 WASHINGTON DC 20005	Mailing Address 1101 14TH ST NW, SUITE 700 WASHINGTON DC 20005
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/14/1998
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 23-7059731
23. City & State	28. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STRAUSS, ABBEY MD 1050 NW 15TH ST #207 BOCA RATON FL 33486	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ANDREW MD	1.2 NAME	
STREET ADDRESS	2065 HIGH ST SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97302	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, PAUL MD	2.2 NAME	Harry Keyserling, MD
STREET ADDRESS	5500 WISSAHICKON AVE #304A	2.3 STREET ADDRESS	2040 Ridgewood Dr. NE #163
CITY-ST-ZIP	PHILADELPHIA PA 19144	2.4 CITY-ST-ZIP	Atlanta, GA 30322
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, SIDNEY MD	3.2 NAME	
STREET ADDRESS	116 MANET RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA 02187	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAZORT, RALPH J MD	4.2 NAME	
STREET ADDRESS	2509 WALKER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37207	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNA, TED	5.2 NAME	Thomas E. Hobbins, MD
STREET ADDRESS	275 BELMONT ST	5.3 STREET ADDRESS	6701 N. Charles Street
CITY-ST-ZIP	WORCHESTER MA 01604	5.4 CITY-ST-ZIP	Baltimore, MD 21204
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, JEFFERSON MD	6.2 NAME	
STREET ADDRESS	25 MAPLE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FLORENCE MA 01060	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Murrell REGISTRATION MURRELL 3.1.99 802-998150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

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PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.

OFFICERS AND DIRECTORS

OFFICERS

President

Thomas E. Hobbins, MD
Maryland Sleep Disorders Center
6701 North Charles Street
Unit 41, Room 4140
Baltimore, MD 21204
410-494-9773

President Elect

Peter Wilk, MD
HC 75 Box 1600
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207-772-6710

Treasurer

Harry Keyserling, MD
2040 Ridgewood Drive, NE, 163
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404-727-5642

DIRECTORS

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James Trombold, MD
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Ex-Officio Board Member

Robert K. Musil, Ph.D.
Executive Director/CEO
1101 14th Street NW, #700
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202-898-0150 ext. 221