

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91165 029 ****70.00

DOCUMENT # F98000002763

1. Entity Name

PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.

Principal Place of Business

Mailing Address

**1875 CONNECTICUT AVENUE NORTHWEST
 SUITE 1012
 WASHINGTON DC 20009**

**1875 CONNECTICUT AVENUE NORTHWEST
 SUITE 1012
 WASHINGTON DC 20009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7059731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAUSS, ABBEY MD
 1050 NW 15TH ST #207
 BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ANDREW MD 2065 HIGH ST SE SALEM OR 97302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEYSERLING, HARRY MD 2040 RIDGEWOOD DR. NE STE 163 ATLANTA GA 30322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCIS, LEE MD 4204 N GREENVIEW AVENUE CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, ROY 1403 MCGLVRA BLVD E SEATTLE WA 98112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKY, PETER MD HC 75 BOX 1600, DYKE MT. RD. FIRE LANE 52C EAST SEBAGO ME 04029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DOROTHY MD 305 SOUTH MORGAN STREET MASON CITY IL 62664	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED LIST FOR ADDITIONAL INFORMATION.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. KUPP* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02
 Date

202-667-4260
 Daytime Phone #

CR2E037 (9/01)

PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.

OFFICERS AND DIRECTORS

OFFICERS

President

Lee Francis, MD
4204 N. Greenview Ave.
Chicago, IL 60613
312-666-3488

President Elect

Roy Farrell
1403 McGilvra Blvd. E
Seattle, WA 98112
206-995-7011

Past President

Peter Wilk, MD
HC 75 Box 1600
Dyke Mt. Rd. Fire Lane 52-C
East Sebago, ME 04029
207-772-6710

Treasurer

Harry Keyserling, MD
2040 Ridgewood Drive, NE, 163
Atlanta, GA 30322
404-727-5642

Executive Director/CEO

Robert K. Musil, Ph.D.
Executive Director/CEO
1875 Connecticut Ave. NW, #1012
Washington, DC 20009
202-898-0150 ext. 221

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