


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90053 035 ****70.00

DOCUMENT # F98000002763	
1. Entity Name PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.	

Principal Place of Business 1875 CONNECTICUT AVENUE NORTHWEST SUITE 1012 WASHINGTON, DC 20009	Mailing Address 1875 CONNECTICUT AVENUE NORTHWEST SUITE 1012 WASHINGTON, DC 20009
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03092005 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7059731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANSFORD, KENT MD 26280 ISABELLA AVE CARMEL, CA 93923 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCALLY, MICHAEL MD PHD 1011 NW GILISAN STREET PORTLAND, OR 97209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC MUSIL, ROBERT K PHD 1875 CONNECTICUT AVE. NW, #1012 WASHINGTON, DC 20009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKY, PETER MD 28 MOUNTAIN VIE ROAD SEBAGO, ME 04029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D WILK, PETER MD 28 Mountain View Road Sebago, ME 04029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DOROTHY MD RT. 2 BOX 93 MADISON, MN 56256 <input type="checkbox"/> Delete	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 K. Musil 3/25/05 202-667-4260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
H0044866

#F98000002763

PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.

OFFICERS AND DIRECTORS

OFFICERS

President

Michael McCally, MD, Ph.D.
225 S. 4th Street, #205
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215-592-0188

President Elect

John Pastore, MD
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617-789-5173

Past President

Robert Gould, MD
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Treasurer

Kent Bransford, MD
26280 Isabella Ave.
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831-626-8212

Secretary/Clerk

Robert K. Musil, Ph.D.
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Washington, DC 20009
202-898-0150 ext. 221

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