2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002763

FILED Jan 04, 2011 Secretary of State

Entity Name: PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.

Current Principal Place of Business: New Principal Place of Business:

1875 CONNECTICUT AVENUE NORTHWEST

SUITE 1012

WASHINGTON, DC 20009

Current Mailing Address: New Mailing Address:

1875 CONNECTICUT AVENUE NORTHWEST SUITE 1012

WASHINGTON, DC 20009

FEI Number: 23-7059731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

NRAI SERVICES INC 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: F

Name: PATTERSON, JEFF
Address: 2532 BALDEN STREET
City-St-Zip: MADISON, WI 53713

Title:

Name: HELFAND, IRA
Address: 371 AUDOBON ROAD
City-St-Zip: LEEDS, MA 01053

Title:

 Name:
 DUVALL, JESSE

 Address:
 5226 38TH AVENUE, NE,

 City-St-Zip:
 SEATTLE, WA 98105

Title: AT

Name: KHALSA, ONEIDA

Address: 1875 CONNECTICUT AVE. NW, #1012

City-St-Zip: WASHINGTON, DC 20009

Title:

Name: ALEXANDER, SID
Address: 116 MANET ROAD

City-St-Zip: CHESTNUT HILL, MA 02167

Title:

Name: BENEDICT, KENNETTE

Address: 77 WEST WASHINGTON STREET

City-St-Zip: CHICAGO, IL 60602

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ONEIDA KHALSA AT 01/04/2011