2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000002700

Entity Name: THE PHYSICIANS FOUNDATION, INC.

Current Principal Place of Business:

22451 GLENVIEW LANE
ATTEN: TIMOTHY NORBECK
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

22451 GLENVIEW LANE
ATTEN: TIMOTHY NORBECK
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-0914085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	WALKER, RAY MD	
Address:	132 WESTPARK BLVD	
City-St-Zip:	COLUMBIA, SC 29210	
Title:	D	( ) Delete
Name:	GOODMAN, LOUIS J PH.D	
Address:	132 WESTPARK BLVD	
City-St-Zip:	COLUMBIA, SC 29210	
Title:	D	( ) Delete
Name:	BRAUD, LAWRENCE MD	
Address:	132 WESTPARK BLVD	
City-St-Zip:	COLUMBIA, SC 29210	
Title:	D	( ) Delete
Name:	PLUMMER, ALAN MD	
Address:	132 WESTPARK BLVD	
City-St-Zip:	COLUMBIA, SC 29210	
Title:	D	( ) Delete
Name:	SELIGSON, ROBERT	
Address:	132 WESTPARK BLVD	
City-St-Zip:	COLUMBIA, SC 29210	
Title:	D	( ) Delete
Name:	MAHON, WILLIAM F	
Address:	132 WESTPARK BLVD	
City-St-Zip:	COLUMBIA, SC 29210	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. MAHON D 01/16/2009

Electronic Signature of Signing Officer or Director — Date