2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002700

FILED Mar 26, 2010 Secretary of State

Entity Name: THE PHYSICIANS FOUNDATION, INC.

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

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

Current Mailing Address: New Mailing Address:

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

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

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: [

Name: WALKER, RAY MD Address: 132 WESTPARK BLVD City-St-Zip: COLUMBIA, SC 29210

Title: D

Name: GOODMAN, LOUIS J PH.D Address: 132 WESTPARK BLVD City-St-Zip: COLUMBIA, SC 29210

Title:

Name: BRAUD, LAWRENCE MD Address: 132 WESTPARK BLVD City-St-Zip: COLUMBIA, SC 29210

Title:

Name: PLUMMER, ALAN MD Address: 132 WESTPARK BLVD City-St-Zip: COLUMBIA, SC 29210

Title:

Name: SELIGSON, ROBERT
Address: 132 WESTPARK BLVD
City-St-Zip: COLUMBIA, SC 29210

Title: [

Name: MAHON, WILLIAM F Address: 132 WESTPARK BLVD City-St-Zip: COLUMBIA, SC 29210

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: WILLIAM F. MAHON COO 03/26/2010