2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N92000000265

Entity Name: FLORIDA SOCIETY OF PHYSICAL MEDICINE & REHABILITATION, INC.

Current Principal Place of Business:

205 WALNUT ST - UPPER
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

205 WALNUT ST
NEPTUNE BEACH, FL 32266

Current Mailing Address:

PO BOX 330298
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3151455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, LORRY
205 WALNUT ST - UPPER
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

DAVIS, LORRY
205 WALNUT ST
NEPTUNE BEACH, FL 32266 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: _____ 01/14/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: DAVIS, LORRY S
Address: 205 WALNUT ST - UPPER
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: P ( ) Delete
Name: BATAS, VENERANDO M.D.
Address: 2914 NORTH BLVD
City-St-Zip: TAMPA, FL 33602

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition
Name: DAVIS, LORRY S
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: P (X) Change ( ) Addition
Name: BATAS, VENERANDO M.D.
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP ( ) Change (X) Addition
Name: ROBERT, DEHGAN MD
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S ( ) Change (X) Addition
Name: JOHN, MUENZ MD
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T ( ) Change (X) Addition
Name: DUBY, AVILA MD
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

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: LORRY S. DAVIS ED 01/14/2008
Electronic Signature of Signing Officer or Director — Date