2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N92000000265

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

Current Principal Place of Business:

205 WALNUT ST
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

189 MAGNOLIA ST
ATLANTIC BEACH, FL 32233

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
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

DAVIS, LORRY S
189 MAGNOLIA ST
ATLANTIC BEACH, FL 32233 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: LORRY S. DAVIS, M.ED. 01/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change ( ) Addition
Name: MITCHELL, FREED 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, M.ED. ED 01/19/2009
Electronic Signature of Signing Officer or Director Date