

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000265

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

189 MAGNOLIA ST  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**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 S  
189 MAGNOLIA ST  
ATLANTIC BEACH, FL 32233 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: P  
Name: DEHGAN, ROBERT MD  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

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

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

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

Title: T  
Name: MITCHELL, FREED MD  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: LORRY S. DAVIS, M.ED.

ED

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date