2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000265

Feb 11, 2012 Secretary of State

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

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

223 SNOW GOOSE LANE JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

PO BOX 330298 ATLANTIC BEACH, FL 32233

FEI Number: 59-3151455 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:

DAVIS, LORRY S 223 SNOW GOOSE LANE JACKSONVILLE, FL 32225 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

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

Title:

Name: PUENTE-GUZMAN, RIGOBERTO M.D.

Address: PO BOX 330298

City-St-Zip: ATLANTIC BEACH, FL 32233

Title:

KORNBERG, PAUL MD Name: Address: PO BOX 330298

City-St-Zip: ATLANTIC BEACH, FL 32233

Title:

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

Title: ED

DAVIS, LORRY S Name: PO BOX 330298 Address:

ATLANTIC BEACH, FL 32233 City-St-Zip:

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 E.D. 02/11/2012