

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029515

FILED  
Jan 29, 2004  
Secretary of State

Entity Name: PHYSICAL MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

2 SAINT JOHNS MEDICAL PARK DRIVE  
SUITE 2  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

2 SAINT JOHNS MEDICAL PARK DRIVE  
SUITE 2  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 56-2332516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HACKETT, DARREL  
2480 SW 87TH PLACE ROAD  
OCALA, FL 34476 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: POLLAK, SANFORD Z  
Address: 7911 HUNTERS GROVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANFORD Z. POLLAK

PST

01/29/2004

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

\_\_\_\_\_ Date