

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029515

FILED
Feb 10, 2005
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:

1409 EAST SILVER SPRINGS BLVD
C/O MUSCLE SKELETAL MEDICAL CENTER
OCALA, FL 34470

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 POLLAK

PST

02/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date