

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90409 022 ****70.00

DOCUMENT # F98000002763

1. Entity Name
PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.



Principal Place of Business
**1875 CONNECTICUT AVENUE NORTHWEST
SUITE 1012
WASHINGTON, DC 20009**

Mailing Address
**1875 CONNECTICUT AVENUE NORTHWEST
SUITE 1012
WASHINGTON, DC 20009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-NP

CR2E037 (11/05)

4. FEI Number
23-7059731

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES INC
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HARRIS, ANDREW MD**
STREET ADDRESS **2065 HIGH ST SE**
CITY-ST-ZIP **SALEM, OR 97302**

TITLE **D** ☒ Change ☐ Addition
NAME **Harris, Andrew MD**
STREET ADDRESS **1875 Connecticut Ave. NW, #1012**
CITY-ST-ZIP **Washington, DC 20009**

TITLE **T** ☒ Delete
NAME **BRANSFORD, KENT MD**
STREET ADDRESS **26280 ISABELLA AVE**
CITY-ST-ZIP **CARMEL, CA 93923**

TITLE **T** ☐ Change ☒ Addition
NAME **Helfand, Ira MD**
STREET ADDRESS **371 Audubon Rd.**
CITY-ST-ZIP **Leeds, MA 01053**

TITLE **P** ☒ Delete
NAME **MCCALLY, MICHAEL MD PHD**
STREET ADDRESS **1011 NW GILISAN STREET**
CITY-ST-ZIP **PORTLAND, OR 97209**

TITLE **P** ☐ Change ☒ Addition
NAME **Pastore, John MD**
STREET ADDRESS **736 Cambridge St.**
CITY-ST-ZIP **Boston, MA 02135**

TITLE **SC** ☐ Delete
NAME **MUSIL, ROBERT K PHD**
STREET ADDRESS **1875 CONNECTICUT AVE. NW, #1012**
CITY-ST-ZIP **WASHINGTON, DC 20009**

TITLE **D** ☐ Change ☒ Addition
NAME **Adams, David**
STREET ADDRESS **160 Sprude Point Rd.**
CITY-ST-ZIP **Yarmouth, ME 04096**

TITLE **D** ☐ Delete
NAME **WILK, PETER MD**
STREET ADDRESS **28 MOUNTAIN VIEW ROAD**
CITY-ST-ZIP **SEBAGO, ME 04029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ANDERSON, DOROTHY MD**
STREET ADDRESS **RT. 2 BOX 93**
CITY-ST-ZIP **MADISON, MN 56256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert K. Musil

Secretary/Clerk

4/10/06

202-667-4260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

INTELLIGENTLY
ATTACHMENT

500/2655

#F98000002763

PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC.

OFFICERS AND DIRECTORS

OFFICERS

President

John Pastore, MD
736 Cambridge St.
Boston, MA 02135
617-789-5173

President Elect

Kent Bransford, MD
26280 Isabella Ave.
Carmel, CA 93923
831-626-8212

Past President

Michael McCally, MD, Ph.D.
225 S. 4th Street, #205
Philadelphia, PA 19106
215-592-0188

Treasurer

Ira Helfand, MD
371 Audubon Road
Leeds, MA 01053
413-582-2108

Secretary/Clerk

Robert K. Musil, Ph.D.
1875 Connecticut Ave. NW, #1012
Washington, DC 20009
202-667-4260

ATTACHMENT 50012655-
#F98000002763

DIRECTORS

David Adams
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Yarmouth, ME 04096
207-846-9338

Sid Alexander
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608-238-5092 (h)
414-229-4656 (f)

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Milwaukee, WI 53211
414-967-4867

ATTACHMENT
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WINFIELD SUMMIT & ASSOCIATES
22459 SOUTH SUMMIT RIDGE CIRCLE
CHATSWORTH, CALIFORNIA 91311
818-700-0375
Fax: 818-993-3407

To Whom It May Concern:

RE: PHYSICIANS FOR SOCIAL RESPONSIBILITY

Please find enclosed the renewal registration for the above referenced organization. Should you have any questions or require further information, please contact me directly at the telephone number or address listed above.

Sincerely,

P. A. Goldsmith

P. A. Goldsmith
President WSA
Regulatory Compliance Consultants