2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2014
Secretary of State
CC5641914505

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Entity Name: THE PHYSICIANS FOUNDATION, INC.

Current Principal Place of Business:

22451 GLENVIEW LANE
ATTEN: TIMOTHY NORBECK
BONITA SPRINGS, FL 34135

Current Mailing Address:

22451 GLENVIEW LANE
ATTEN: TIMOTHY NORBECK
BONITA SPRINGS, FL 34135

FEI Number: 20-0914085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	D
Name	WALKER, RAY MD	Name	GOODMAN, LOUIS JPH.D
Address	132 WESTPARK BLVD	Address	132 WESTPARK BLVD
City-State-Zip:	COLUMBIA SC 29210	City-State-Zip:	COLUMBIA SC 29210
Title	D	Title	D
Name	BRAUD, LAWRENCE MD	Name	PLUMMER, ALAN MD
Address	132 WESTPARK BLVD	Address	132 WESTPARK BLVD
City-State-Zip:	COLUMBIA SC 29210	City-State-Zip:	COLUMBIA SC 29210
Title	D	Title	D
Name	SELIGSON, ROBERT	Name	MAHON, WILLIAM F
Address	132 WESTPARK BLVD	Address	132 WESTPARK BLVD
City-State-Zip:	COLUMBIA SC 29210	City-State-Zip:	COLUMBIA SC 29210

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: WILLIAM F. MAHON COO 01/15/2014

Electronic Signature of Signing Officer/Director Detail — Date