

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002700

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
Name WALKER, RAY MD
Address 132 WESTPARK BLVD
City-State-Zip: COLUMBIA SC 29210

Title D
Name GOODMAN, LOUIS JPH.D
Address 132 WESTPARK BLVD
City-State-Zip: COLUMBIA SC 29210

Title D
Name BRAUD, LAWRENCE MD
Address 132 WESTPARK BLVD
City-State-Zip: COLUMBIA SC 29210

Title D
Name PLUMMER, ALAN MD
Address 132 WESTPARK BLVD
City-State-Zip: COLUMBIA SC 29210

Title D
Name SELIGSON, ROBERT
Address 132 WESTPARK BLVD
City-State-Zip: COLUMBIA SC 29210

Title D
Name MAHON, WILLIAM F
Address 132 WESTPARK BLVD
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

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date