2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: FLORIDA SOCIETY OF PHYSICAL MEDICINE & REHABILITATION, INC.

Current Principal Place of Business:

5200 NW 43RD ST
SUITE 102-321
GAINESVILLE, FL 32606

Current Mailing Address:

5200 NW 43RD ST
SUITE 102-321
GAINESVILLE, FL 32606

FEI Number: 59-3151455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, LORRY S
5200 NW 43RD ST
SUITE 102-321
GAINESVILLE, FL 32606 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	PAST PRESIDENT
Name	CREAMER, MICHAEL DO
Address	5200 NW 43RD ST SUITE 102-321
City-State-Zip:	GAINESVILLE FL 32606

Title	PRESIDENT
Name	IMFELD, MATTHEW MD
Address	5200 NW 43RD ST SUITE 102-321
City-State-Zip:	GAINESVILLE FL 32606

Title	VP
Name	LICHTBLAU, CRAIG MD
Address	5200 NW 43RD ST SUITE 102-321
City-State-Zip:	GAINESVILLE FL 32606

Title	TREASURER
Name	RUBENSTEIN, MARK MD
Address	5200 NW 43RD ST SUITE 102-321
City-State-Zip:	GAINESVILLE FL 32606

Title	ED
Name	DAVIS, LORRY S
Address	5200 NW 43RD ST, SUITE 102-321
City-State-Zip:	GAINESVILLE FL 32606

Title	SECRETARY
Name	LIPNICK, JESSE MD
Address	5200 NW 43RD ST SUITE 102-321
City-State-Zip:	GAINESVILLE FL 32606

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: LORRY DAVIS EXECUTIVE DIRECTOR 01/11/2018

Electronic Signature of Signing Officer/Director Detail — Date