

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000020992

Entity Name: SKILLED PHYSIATRISTS P.A.**Current Principal Place of Business:**5004 E. FOWLER AVENUE
STE. C-214
TAMPA, FL 33617**Current Mailing Address:**5004 E. FOWLER AVENUE
STE. C-214
TAMPA, FL 33617 US**FEI Number:** 47-3321130**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** MARK WILLIAMS

01/29/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	ZAFFER, SYED
Address	5004 E. FOWLER AVENUE STE. C-214
City-State-Zip:	TAMPA FL 33617

Title	PRESIDENT
Name	ZAFFER, SYED
Address	5004 E. FOWLER AVENUE STE. C-214
City-State-Zip:	TAMPA FL 33617

Title	VICE-PRESIDENT
Name	ZAFFER, SYED
Address	5004 E. FOWLER AVENUE STE. C-214
City-State-Zip:	TAMPA FL 33617

Title	SECRETARY
Name	ZAFFER, SYED
Address	5004 E. FOWLER AVENUE STE. C-214
City-State-Zip:	TAMPA FL 33617

Title	TREASURER
Name	ZAFFER, SYED
Address	5004 E. FOWLER AVENUE STE. C-214
City-State-Zip:	TAMPA FL 33617

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SYED ZAFFER**DIRECTOR**

01/29/2018

Electronic Signature of Signing Officer/Director Detail

Date