

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000020992

**Entity Name:** SKILLED PHYSIATRISTS P.A.**Current Principal Place of Business:**5004 E. FOWLER AVENUE  
TAMPA, FL 33617**Current Mailing Address:**5004 E. FOWLER AVENUE  
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

02/27/2017

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

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date