

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J58418** (1)
1. Corporation Name
PHYSICAL MEDICINE ASSOCIATES, DR. SURY, P.A.



Principal Place of Business
**4237 SALISBURY RD.
STE 106
JACKSONVILLE FL 32216
US**

Mailing Address
**4237 SALISBURY RD.
STE 106
JACKSONVILLE FL 32216-0604
US**

3. Date Incorporated or Qualified
02/16/1987

3a. Date of Last Report
03/26/1996

2. Principal Place of Business
21 **5600 SPRINGPARK RD**
Suite, Apt. #, etc.
22 **Suite 200**
City & State
23 **JACKSONVILLE, FLORIDA**
Zip
24 **32216** Country
25 **US**

2a. Mailing Address
26 **5600 SPRINGPARK RD**
Suite, Apt. #, etc.
27 **SUITE 200**
City & State
28 **JACKSONVILLE, FLORIDA**
Zip
29 **32216** Country
30 **US**

4. FEI Number
59-2766367

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**SURY, ROBERT W.M.D.
4237 SALISBURY RD, STE 106
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name
SURY, ROBERT W. MD

82 Street Address (P.O. Box Number is Not Acceptable)
5600 SPRINGPARK RD, #200

83

84 City
JACKSONVILLE FL 85 Zip Code
32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	SURY, ROBERT W MD	
STREET ADDRESS	4237 SALISBURY RD, STE 106	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SURY, ROBERT W. MD	
1.3 STREET ADDRESS	5600 SPRINGPARK RD, #200	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32216	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/17/97 904-733-2814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date: _____ Daytime Phone: _____

CR2E034 (9/96)