


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

5600 SPRINGPARK RD
200
JACKSONVILLE FL 32216
US

Mailing Address

5600 SPRINGPARK RD
200
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1987

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 owes or has paid the current year Intangible
Personal Property tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SURY, ROBERT W M.D.
5600 SPRINGPARK RD
200
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE ☐ DELETE

NAME SURY, ROBERT W MD

STREET ADDRESS 5600 SPRINGPARK RD #200

CITY- ST- ZIP JACKSONVILLE FL

11. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

904-733-2994

Daytime Phone # 0035934

CR2E034 (10/97)