


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90024 049 \*\*\*150.00

<b>DOCUMENT # J58418</b> 1. Entity Name <b>PHYSICAL MEDICINE ASSOCIATES, DR. SURY, P.A.</b>					
Principal Place of Business <b>2032-4 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>2032-4 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2766367</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SURY, ROBERT W M.D. 2032-4 SOUTHSIDE BLVD JACKSONVILLE, FL 32216</b>			Name <b>Arnold D. Tritt, Jr.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>707 Peninsular Place</b>		
			City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32204</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Arnold D. Tritt, Jr.</i></u> <b>ARNOLD D. TRITT, JR.</b> <u>02/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST <input type="checkbox"/> Delete <b>SURY, ROBERT W MD 5600 SPRINGPARK RD #200 JACKSONVILLE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SURY, ROBERT W MD 2032-4 Southside Blvd. Jacksonville, FL 32216</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Robert W. Sury</i></u> <b>Robert W. SURY</b> <u>02/18/06</u> <u>904-724-3152</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40045477



02092006 Chg-P CR2E034 (11/05)



**Tritt & Franson**

A Professional Association

Construction Law ■ Commercial Litigation

**ATTACHMENT**

40025126

#J58418

February 23, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**Re: PHYSICAL MEDICINE ASSOCIATES, DR. SURY, P.A.  
2006 Annual Report**

Dear Sir/Madam:

Please find enclosed the original 2006 Annual Report for filing with regard to the above referenced corporation. Also enclosed is a check in the amount of \$150.00 as payment of the filing fee.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

Arnold D. Tritt, Jr.

ADTjr/sp  
Enclosures  
cc: Robert W. Sury, M.D.

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ARNOLD D. TRITT, JR.\* ■ ALBERT T. FRANSON  
REESE J. HENDERSON, JR. ■ CHRISTOPHER J. ISELEY ■ DOUGLASS E. MYERS, III

707 Peninsular Place ■ Jacksonville, Florida 32204 ■ Telephone (904) 354-5200 ■ Facsimile (904) 354-5256 ■ [www.atritt.com](http://www.atritt.com)

\*Also Member of Georgia Bar