

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# N15549

Entity Name: SEBASTIAN PHYSICIANS' MEDICAL CENTER, INC.

**Current Principal Place of Business:**

13885 US HWY #1  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

13885 US HWY #1  
SEBASTIAN, FL 32958

**New Mailing Address:**

FEI Number: 59-2733894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIWZI, M. NASIR M.D.  
13885 US HWY #1  
SEBASTIAN, FL 32958      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            S            ( ) Delete  
Name:            MITCHELL, GEORGE D.O  
Address:        13865 US HWY #1  
City-St-Zip:    SEBASTINA, FL 32958

Title:            P            ( ) Delete  
Name:            RIZWI, M. NASIR M.D.  
Address:        13885 US HWY #1  
City-St-Zip:    SEBASTINA, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            S            (X) Change ( ) Addition  
Name:            MITCHELL, GEORGE D.O  
Address:        13865 US HWY #1  
City-St-Zip:    SEBASTIAN, FL 32958

Title:            P            (X) Change ( ) Addition  
Name:            RIZWI, NASIR M M.D.  
Address:        13885 US HWY #1  
City-St-Zip:    SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE MITCHELL, D.O.

PRES

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date