

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000265

FILED
Jan 04, 2006
Secretary of State

Entity Name: FLORIDA SOCIETY OF PHYSICAL MEDICINE & REHABILITATION, INC.

Current Principal Place of Business:

205 WALNUT ST - UPPER
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

PO BOX 330298
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3151455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LORI
205 WALNUT ST - UPPER
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

DAVIS, LORRY
205 WALNUT ST - UPPER
NEPTUNE BEACH, FL 32266 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: LORRY DAVIS

01/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: DAVIS, LORRY S
Address: 205 WALNUT ST - UPPER
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: P () Delete
Name: MONASTERIO, ENRIQUE M.D.
Address: 401 S. LE JEUNE RD., 3RD FLOOR
City-St-Zip: MIAMI, FL 33134

Title: VP () Delete
Name: BATAS, VENERANDO M.D.
Address: 2914 NORTH BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRY S. DAVIS

ED

01/04/2006

Electronic Signature of Signing Officer or Director

Date