2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2012
Secretary of State

DOCUMENT# N92000000265

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

Current Principal Place of Business:

223 SNOW GOOSE LANE
JACKSONVILLE, FL 32225

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, LORRY S
223 SNOW GOOSE LANE
JACKSONVILLE, FL 32225 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: P
Name: FREED, MITCHELL J MD
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP
Name: PUENTE-GUZMAN, RIGOBERTO M.D.
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T
Name: KORNBERG, PAUL MD
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S
Name: MATTHEW, IMFELD MD
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ED
Name: DAVIS, LORRY S
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby 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 all other like empowered.

SIGNATURE: LORRY S. DAVIS E.D. 02/11/2012

Electronic Signature of Signing Officer or Director Date