

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000000265

**FILED**  
**Oct 24, 2013**  
**Secretary of State**

**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:**

5200 NW 43RD ST  
SUITE 102-321  
GAINESVILLE, FL 32606

**Current Mailing Address:**

PO BOX 330298  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

5200 NW 43RD ST  
SUITE 102-321  
GAINESVILLE, FL 32606

**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:**

DAVIS, LORRY S  
5200 NW 43RD ST  
SUITE 102-321  
GAINESVILLE, FL 32606 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 S. DAVIS, M.ED., EXECUTIVE DIRECTOR

10/24/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PUENTE-GUZMAN, RIGOBERTO MD  
**Address:** 5200 NW 43RD ST, SUITE 102-321  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** VP  
**Name:** MICHAEL, CREAMER DO  
**Address:** 5200 NW 43RD ST, SUITE 102-321  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** T  
**Name:** MATTHEW, IMFELD MD  
**Address:** 5200 NW 43RD ST, SUITE 102-321  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** S  
**Name:** JESSE, LIPNICK MD  
**Address:** 5200 NW 43RD ST, SUITE 102-321  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** ED  
**Name:** DAVIS, LORRY S  
**Address:** 5200 NW 43RD ST, SUITE 102-321  
**City-St-Zip:** GAINESVILLE, FL 32606

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 MED

ED

10/24/2013

Electronic Signature of Signing Officer or Director

Date