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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90039 024 \*\*\*\*61.50

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**DOCUMENT # N98000003006**

1. Corporation Name

**PHYSICAL MEDICINE SPECIALISTS II, INC.**

Principal Place of Business

3599 UNIVERSITY BLVD SOUTH  
JACKSONVILLE FL 32216

Mailing Address

3599 UNIVERSITY BLVD SOUTH  
JACKSONVILLE FL 32216



2. Principal Place of Business

21 3901 University Blvd, S.

Suite, Apt. #, etc.

22 Suite 103

City & State

23 Jacksonville, FL

Zip

Country

24 32216

25

2a. Mailing Address

26 3627 University Blvd, S.

Suite, Apt. #, etc.

27 Suite 840

City & State

28 Jacksonville, FL

Zip

Country

29 32216

30

3. Date Incorporated or Qualified

05/27/1998

4. FEI Number

59-3530305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GEIGER, ALLAN T  
C/O ROGERS, TOWERS, BAILEY ET AL  
1301 RIVERPLACE BLVD, SUITE 1500  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WILSON, STEPHEN K  
STREET ADDRESS 3599 UNIVESRITY BLVD SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VD ☐ DELETE  
NAME BAER, DOUGLAS M  
STREET ADDRESS 3599 UNIVERSITY BLVD SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE STD ☐ DELETE  
NAME REINSCHMIDT, TIMOTHY W  
STREET ADDRESS 3599 UNIVERSITY BLVD SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 3627 University Blvd., S.  
2.4 CITY-ST-ZIP Jacksonville, FL 32216

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 3627 University Blvd., S.  
3.4 CITY-ST-ZIP Jacksonville, FL 32216

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3/2/99

904-391-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)