

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003006**

1. Entity Name

PHYSICAL MEDICINE SPECIALISTS, INC.**FILED****May 03, 2000 8:00 am**
Secretary of State

05-03-2000 90052 015 ****61.25

Principal Place of Business

Mailing Address

3901 UNIVERSITY BLVD.
SUITE 103
JACKSONVILLE FL 32216
US3627 UNIVERSITY BLVD., S
SUITE 840
JACKSONVILLE FL 32216-7404
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3599 University Blvd., S.

Suite B

Jacksonville, FL

32216

4. FEI Number

59-3530305

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WILSON, STEPHEN K	3599 UNIVESRITY BLVD SOUTH	JACKSONVILLE FL 32216				
VD	BAER, DOUGLAS M	3627 UNIVERSITY BLVD., S	JACKSONVILLE FL 32216			3599 University Blvd., S., Suite B	
STD	REINSCHMIDT, TIMOTHY W	3627 UNIVERSITY BLVD., S	JACKSONVILLE FL 32216			3599 University Blvd., S., Suite B	
						D/C/P	
						Fields, Zachary R.	
						3599 University Blvd., S., Suite B	
						JACKSONVILLE, FL 32216	
						D	
						Schauer, Charles, Ph.D.	
						3599 University Blvd., S.	
						Jacksonville, FL 32216	
						D	
						Stewart, Deborah, M.D.	
						3599 University Blvd., S.	
						Jacksonville, FL 32216	

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/00

Date

904-858-7474

Daytime Phone #