

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003006

1. Entity Name

PHYSICAL MEDICINE SPECIALISTS, INC.

Principal Place of Business

Mailing Address

3901 UNIVERSITY BLVD.
SUITE 103
JACKSONVILLE FL 32216
US

3599 UNIVERSITY BLVD., S., STE B
SUITE B
JACKSONVILLE FL 32216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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: FEE IS \$61.25

9. 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
VD
BAER, DOUGLAS M
3599 UNIVERSITY BLVD., S., STE B
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
REINSCHMIDT, TIMOTHY W
3599 UNIVERSITY BLVD., S., STE B
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
FIELDS, ZACHARY R
3599 UNIVERSITY BLVD., S., STE B
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/C ☒ Change ☐ Addition
4020 TURNBERRY CT.
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHAUER, CHARLES PH.D.
3599 UNIVERSITY BLVD., S., STE B
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEWART, DEBORAH M.D.
3599 UNIVERSITY BLVD., S., STE B
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

4/17/02 904-858-7474

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90195 001 *1,050.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Physical Medicine Specialists, Inc.
CORPORATE OFFICERS
April, 2002

Title: D/P
Zachary R. Fields

4020 Turnberry Ct., Jacksonville, FL 32225

Title: D/VP
Douglas M. Baer

77 Tallwood Road, Jacksonville Beach, FL 32250

Title: D/S/T
Timothy W. Reinschmidt

3599 University Blvd. Jacksonville Beach, FL 32216