

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90205 036 ****61.25

DOCUMENT # N98000003006 1. Entity Name PHYSICAL MEDICINE SPECIALISTS, INC.					
Principal Place of Business 3901 UNIVERSITY BLVD. SUITE 103 JACKSONVILLE, FL 32216 US			Mailing Address 3599 UNIVERSITY BLVD., S., STE B SUITE B JACKSONVILLE, FL 32216 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3530305	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. 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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DCP	<input type="checkbox"/> Delete	TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAER, DOUGLAS M		NAME		
STREET ADDRESS	3599 UNIVERSITY BLVD., S., STE B		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPIGEL, MICHAEL		NAME		
STREET ADDRESS	3599 UNIVERSITY BLVD., S., STE B		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, DEBORAH M.D.		NAME		
STREET ADDRESS	3599 UNIVERSITY BLVD., S., STE B		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Odin Berg		NAME		
STREET ADDRESS	3599 University Blvd. South		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32216		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Gary Sneed		NAME		
STREET ADDRESS	305 Monterey Villa Court		STREET ADDRESS		
CITY-ST-ZIP	St. Augustine, FL 32095		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Odin Berg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Odin Berg</u> <u>04/25/08</u> <u>(904) 853-7488</u> <small>Date Daytime Phone #</small>		