

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

PHYSICAL MEDICINE SPECIALISTS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

RA Change
[Signature]

Electronic Filing Menu

Corporate Filing Menu

Help

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No. 0113 P. 2/2
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Physical Medicine Specialists, Inc.
2. The principal office address: 3901 University Boulevard South, Suite 103, Jacksonville, FL 32216
3. The mailing address (if different): 3599 University Boulevard South, Suite B, Jacksonville, FL 32216
4. Date of incorporation/qualification: 05/27/1998 Document number: N98000003006
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Allan T. Gelger
1301 Riverplace Boulevard, Suite 1500
Jacksonville, Florida 32207

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Robert H. Pritchard
1301 Riverplace Boulevard, Suite 1500
(P.O. Box NOT acceptable)
Jacksonville, Florida 32207

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Douglas M. Baer
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*


(Signature of Registered Agent)

January 26, 2009
(Date)

If signing on behalf of an entity:

Robert H. Pritchard
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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