

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003006

FILED
Apr 27, 2009
Secretary of State

Entity Name: PHYSICAL MEDICINE SPECIALISTS, INC.

Current Principal Place of Business:

3901 UNIVERSITY BLVD.
SUITE 103
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

3599 UNIVERSITY BLVD., SOUTH
JACKSONVILLE, FL 32216 US

FEI Number: 59-3530305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BAER, DOUGLAS M
Address: 3599 UNIVERSITY BLVD., S., STE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP () Delete
Name: SPIGEL, MICHAEL
Address: 3599 UNIVERSITY BLVD., S., STE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: STEWART, DEBORAH M.D.
Address: 3599 UNIVERSITY BLVD., S., STE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVST () Delete
Name: BERG, ODIN
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: SNEED, GARY
Address: 305 MONTEREY VILLA COURT
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: BAER, DOUGLAS M
Address: 3599 UNIVERSITY BLVD., SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP (X) Change () Addition
Name: SPIGEL, MICHAEL
Address: 3599 UNIVERSITY BLVD., SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change () Addition
Name: PARIS, TREVOR M.D.
Address: 3599 UNIVERSITY BLVD., SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS M. BAER

DC

04/27/2009

Electronic Signature of Signing Officer or Director

Date