

8/19/2020

N9800000300

Division of Corporations  
 Florida Department of State  
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 Electronic Filing Cover Sheet

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## To:

Division of Corporations  
 Fax Number : (850)617-6380

## From:

Account Name : URS AGENTS LLC  
 Account Number : I20150000127  
 Phone : (800)567-4397  
 Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: monica.walker@brooksrehab.org

REGISTERED AGENT CHANGE  
 PHYSICAL MEDICINE SPECIALISTS, INC.

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

V. SULKER

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August 20, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PHYSICAL MEDICINE SPECIALISTS, INC.

3599 UNIVERSITY BLVD., S

JACKSONVILLE, FL 32216

SUBJECT: PHYSICAL MEDICINE SPECIALISTS, INC.

REF: N98000003006

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have two different document number on this document. Please correct the document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000286692  
Letter Number: 020A00015871

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PHYSICAL MEDICINE SPECIALISTS, INC.  
Name of Corporation

DOCUMENT NUMBER: N98000003006

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Walker

Name of Contact Person

Physical Medicine Specialists, Inc.

Firm/Company

3901 UNIVERSITY BLVD.SUITE 103

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

Monica.Walker@Brooksrehab.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at 800 567-4397

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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 BLVD. SUITE 103, JACKSONVILLE, FL 32216
3. The mailing address (if different): 3599 UNIVERSITY BLVD., S, JACKSONVILLE, FL 32216

4. Date of incorporation/qualification: 03/19/2008 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)

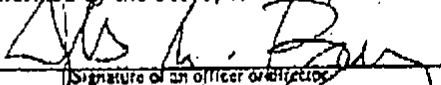
PASCOE, BEVERLY A  
1301 RIVERPLACE BOULEVARD, SUITE 1500  
JACKSONVILLE, FL 32207

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

URS AGENTS, LLC  
3458 LAKESHORE DRIVE  
P.O. Box NOT acceptable  
TALLAHASSEE, FL 32312

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.

 Doug Baer, President  
Signature of an officer or director 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

8/19/2020  
Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary  
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

CR2E045 (03/12)

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