

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137143

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: NORTH FLORIDA PHYSICAL MEDICINE, INC.

## Current Principal Place of Business:

1840 DUNN AVE.  
2  
JACKSONVILLE, FL 32218

## Current Mailing Address:

1840 DUNN AVE.  
2  
JACKSONVILLE, FL 32218

## New Principal Place of Business:

3890 DUNN AVE.  
101  
JACKSONVILLE, FL 32218

## New Mailing Address:

11250 OLD ST AUGUSTINE ROAD  
SUITE 15, BOX 336  
JACKSONVILLE, FL 32257

FEI Number: 61-1512672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, LANCE P  
1723 BLANDING BLVD  
102  
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARVER, GORDON DR  
Address: 1840 DUNN AVE., SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32218

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GARVER, GORDON DR  
Address: 3890 DUNN AVENUE, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32218

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON GARVER

PD

01/14/2008

Electronic Signature of Signing Officer or Director

Date