

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000095111

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** PENSACOLA PHYSICAL AND PERFORMANCE MEDICINE GROUP, P.A.

**Current Principal Place of Business:**

4521 N DAVID HWY  
PENSACOLA, FL 32503

**New Principal Place of Business:**

1040 GULF BREEZE PARKWAY  
104  
GULF BREEZE, FL 32561

**Current Mailing Address:**

4521 N DAVID HWY  
PENSACOLA, FL 32503

**New Mailing Address:**

1040 GULF BREEZE PARKWAY  
104  
GULF BREEZE, FL 32561

**FEI Number:** 27-1477181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEMAY, DAVID E MD  
4521 N DAVID HWY  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

LEMAY, DAVID E MD  
1040 GULF BREEZE PARKWAY  
104  
GULF BREEZE, FL 32561 US

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:** DAVID E LEMAY

02/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** LEMAY, DAVID E M.D.  
**Address:** 2922 GREYSTONE DRIVE  
**City-St-Zip:** PACE, FL 32571

**Title:** D  
**Name:** JENSEN, ROBERT J M.D.  
**Address:** 2526 ANGEL COURT DRIVE  
**City-St-Zip:** GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID LEMAY

P

02/10/2012

Electronic Signature of Signing Officer or Director

Date