2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

DOCUMENT# P94000014115

Entity Name: CENTRAL FLORIDA PHYSIATRISTS, P.A.

Current Principal Place of Business:

10345 ORANGEWOOD BLVD
ORLANDO, FL 32821 US

New Principal Place of Business:

Current Mailing Address:

10345 ORANGEWOOD BLVD
ORLANDO, FL 32821 US

New Mailing Address:

FEI Number: 59-3224058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IMFELD, MATTHEW D
10345 ORANGEWOOD BLVD.
ORLANDO, FL 32821 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: D
Name: IMFELD, MATTHEW D
Address: 10345 ORANGEWOOD BLVD
City-St-Zip: ORLANDO, FL 32821

Title: D
Name: HADDOCK, DAVID G
Address: 10345 ORANGEWOOD BLVD
City-St-Zip: ORLANDO, FL 32821

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 HADDOCK, MD PRES 04/20/2012

Electronic Signature of Signing Officer or Director Date