

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087959

Entity Name: PINELLAS PHYSIATRY ASSOCIATES, P.A.

FILED  
Jan 16, 2005  
Secretary of State

**Current Principal Place of Business:**

666 6TH STREET SOUTH  
STE 101  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

666 6TH STREET SOUTH  
STE 101  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 59-3409081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PFEIFFER, CYNTHIA J  
1485 PRESCOTT AVENUE SOUTH  
CLEARWATER, FL 34616 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: WILLIAMS, KAREN L M.D.  
Address: 6010 BAHAMA SHORES DRIVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD ( ) Delete  
Name: REISKIND, MARC  
Address: 1216 DARLINGTON OAK CR NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Section 119.07(3)(i), 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: MARC REISKIND

VD

01/16/2005

Electronic Signature of Signing Officer or Director

Date