

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087959

FILED
Jan 12, 2010
Secretary of State

Entity Name: PINELLAS PHYSIATRY ASSOCIATES, P.A.

Current Principal Place of Business:

2191 NINTH AVENUE NORTH
STE 270
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

3160 FIFTH AVENUE NORTH
STE 135
ST PETERSBURG, FL 33713 US

Current Mailing Address:

2191 NINTH AVENUE NORTH
STE 270
ST PETERSBURG, FL 33713 US

New Mailing Address:

3160 FIFTH AVENUE NORTH
STE 135
ST PETERSBURG, FL 33713 US

FEI Number: 59-3409081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISKIND, MARC A
2191 9TH AVENUE NORTH
SUITE 270
SIANT PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

REISKIND, MARC A
3160 FIFTH AVENUE NORTH
SUITE 135
SIANT PETERSBURG, FL 33713 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: MARC REISKIND

01/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: REISKIND, MARC A M.D.
Address: 1216 DARLINGTON OAK CR NE
City-St-Zip: ST. PETERSBURG, FL 33703

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: MARC REISKIND

PD

01/12/2010

Electronic Signature of Signing Officer or Director

Date