2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2012
Secretary of State

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Entity Name: PINELLAS PHYSIATRY ASSOCIATES, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

REISKIND, MARC A
3160 FIFTH AVENUE NORTH
SUITE 135
SIANT PETERSBURG, FL 33713 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: PD
Name: REISKIND, MARC A M.D.
Address: 3160 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VP
Name: CREED, KEVIN
Address: 3160 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

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 03/15/2012

Electronic Signature of Signing Officer or Director Date