

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00140

Entity Name: PHYSIMED, P.A.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

800 ZEAGLER DRIVE
SUITE 610
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

800 ZEAGLER DR.
610
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-3026704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERA, ROBERT R., MD.
20 SEASCAPE CIRCLE
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

SILVERA, ROBERT R., MD.
953 N GRIFFIN SHORES DR.
SAINT AUGUSTINE, FL 32084 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: ROBERT R. SILVERA, M.D.

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVERA, ROBERT R.,
Address: 800 ZAEGLER DR. STE. 610
City-St-Zip: PALATKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: ROBERT R. SILVERA, M.D.

OWNE

03/24/2009

Electronic Signature of Signing Officer or Director

Date