

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S00140

Entity Name: PHYSIMED, P.A.

**FILED**  
**Feb 22, 2011**  
**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 DRIVE  
SUITE 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.  
953 N GRIFFIN SHORES DR.  
SAINT AUGUSTINE, FL 32084 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: P  
Name: SILVERA, ROBERT R.  
Address: 800 ZAEGLER DR. STE. 610  
City-St-Zip: PALATKA, FL

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: ROBERT R. SILVERA, M.D.

P

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date