

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003006

Entity Name: PHYSICAL MEDICINE SPECIALISTS, INC.**Current Principal Place of Business:**3901 UNIVERSITY BLVD.
SUITE 103
JACKSONVILLE, FL 32216**Current Mailing Address:**3599 UNIVERSITY BLVD., S
JACKSONVILLE, FL 32216**FEI Number:** 59-3530305**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE, FL 32207 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DCVP/SECRETARY/TREASURER
Name	BAER, DOUGLAS M
Address	3599 UNIVERSITY BLVD., SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DP
Name	SPIGEL, MICHAEL
Address	3599 UNIVERSITY BLVD., SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DV
Name	PARIS, TREVOR M.D.
Address	3599 UNIVERSITY BLVD., SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	JOHNSON, BRUCE M
Address	3599 UNIVERSITY BLVD., S
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	SERKIN, HOWARD C
Address	3599 UNIVERSITY BLVD., S
City-State-Zip:	JACKSONVILLE FL 32216

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS M. BAER**CHAIRMAN****04/19/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date