

2025 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:**URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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	CHAIRMAN, PRESIDENT, DIRECTOR
Name	BAER, DOUGLAS M
Address	3599 UNIVERSITY BLVD., S
City-State-Zip:	JACKSONVILLE FL 32216

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

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

Title	DIRECTOR, SECRETARY, TREASURER, VP
Name	TABOR, J. BRITTON
Address	3599 UNIVERSITY BLVD., S
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	MANN, ERIC
Address	3901 UNIVERSITY BLVD. SUITE 103
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

04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date