

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000088652

**Entity Name:** SKILLED PHYSICIANS INC.

**Current Principal Place of Business:**

4650 LIPSCOMB ST NE  
SUITE 14  
PALM BAY, FL 32905

**Current Mailing Address:**

PO BOX 61615  
PALM BAY, FL 32906-1615 US

**FEI Number:** 90-0776922

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROTENBERG, MELANIE W  
4650 LIPSCOMB ST NE  
SUITE 14  
PALM BAY, FL 32905 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	PRESIDENT	Title	SECRETARY, TREASURER, CFO
Name	ROTENBERG, MELANIE W	Name	ROTENBERG, MORRIS O PHD
Address	4650 LIPSCOMB ST NE SUITE 14	Address	4650 LIPSCOMB ST NE SUITE 14
City-State-Zip:	PALM BAY FL 32905	City-State-Zip:	PALM BAY FL 32905

*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: MELANIE W. ROTENBERG**

**PRESIDENT**

**04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date