2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P02000104546

Entity Name: MED DIAGNOSTIC REHAB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1085 KANE CONCOURSE
BAY HARBOR ISLAND, FL 33154

New Principal Place of Business:

Current Mailing Address:

1085 KANE CONCOURSE
BAY HARBOR ISLAND, FL 33154

New Mailing Address:

FEI Number: 11-3654326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAECUS, ALAN J ESQ.
20803 BISCAYNE BOULEVARD
SUITE 301
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

MARCUS, ALAN J ESQ.
20803 BISCAYNE BOULEVARD
SUITE 301
AVENTURA, FL 33180 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: ALAN J. MARCUS 01/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARCUS, ALAN J
Address: 20803 BISCAYNE BOULEVARD SUITE 301
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOFFMAN, RICHARD
Address: 1085 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: VP/S ( ) Change (X) Addition
Name: WITTELS, MICHAEL B
Address: 1085 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: MICHAEL B. WITTELS VP 01/26/2009
Electronic Signature of Signing Officer or Director Date