

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90125 005 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000096525**

1. Corporation Name  
**MEDICAL SPECIALISTS OF THE PALM BEACHES REHAB CENTER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5700 LAKE WORTH ROAD  
 SUITE #212  
 LAKE WORTH FL 33463  
 US**

Mailing Address  
**5700 LAKE WORTH ROAD  
 SUITE #204  
 LAKE WORTH FL 33463  
 US**

3. Date Incorporated or Qualified  
**11/12/1997**

4. FEI Number  
**65-0793195**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent

**SMITH, FRED R  
 5503 S CONGRESS AVENUE  
 SUITE #206  
 ATLANTIS FL 33462**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, EDMUND F M</b>	
STREET ADDRESS	<b>3918 VIA POINCIANA SUITE #8</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KRASNER, STEPHEN MD</b>	
STREET ADDRESS	<b>5503 SOUTH CONGRESS AVENUE SUITE #103</b>	
CITY-ST-ZIP	<b>ATLANTIS FL 33462</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOME, ROBERT E MD</b>	
STREET ADDRESS	<b>1490 FOREST HILL BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYSAKER, EARL C MD</b>	
STREET ADDRESS	<b>5503 SOUTH CONGRESS AVENUE #205</b>	
CITY-ST-ZIP	<b>ATLANTIS FL 33462</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED: STEPHEN KRASNER, MD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99**  
Date

**561-968-7968**  
Daytime Phone #

CR2E034 (1/98)