

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90033 036 \*\*\*150.00

0320158

**DOCUMENT # P97000096525**

1. Entity Name  
**MEDICAL SPECIALISTS OF THE PALM BEACHES REHAB CE**

Principal Place of Business <b>5700 LAKE WORTH ROAD                  SUITE #212                  LAKE WORTH FL 33463                  US</b>	Mailing Address <b>5700 LAKE WORTH ROAD                  SUITE #204                  LAKE WORTH FL 33463                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0793195</b> <i>CoRF</i>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent  
**SMITH, FRED R  
 5503 S CONGRESS AVENUE  
 SUITE #206  
 ATLANTIS FL 33462**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5700 Lake Worth Road  
 Suite 204**  
 City **FL** Zip Code **33463**

8. 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 Fred Smith, M.D., President DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! (FEE IS \$150.00)**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DAVIDSON, EDMUND F M 3918 VIA POINCIANA SUITE #8 LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KRASNER, STEPHEN MD 5503 SOUTH CONGRESS AVENUE SUITE #103 ATLANTIS FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TOME, ROBERT E MD 1490 FOREST HILL BLVD WEST PALM BEACH FL 33406</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LYSAKER, EARL C MD 5503 SOUTH CONGRESS AVENUE #205 ATLANTIS FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, FRED R 5503 S. CONGRESS AVE SUITE 206 LAKE WORTH FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Davidson, Edmund F, M.D. 3918 Via Poinciana Suite #8 Lake Worth, FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Aslanian, Gregory, M.D. 8188 Jog Road Suite 204 Boynton Beach, FL 33437</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Tome, Robert E MD 1490 Forest Hill Blvd West Palm Beach, FL 33460</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ludwig, William, M.D. 5503 S Congress Ave #101 Atlantis FL 33462</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Simons, William, M.D. 3175 S Congress Ave. #304 Lake Worth FL 33461</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date 3/7/01 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

**Medical Specialists of the Palm Beaches Rehab Center, Inc**  
**P97000096525**

Attachment #  
P97000096525

5/4/05

TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Bogani, Joaquin 3144 S. Congress Avenue Lake Worth, FL 33461	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Braver, Robin 1640 S. Congress Avenue #103 Palm Springs, FL 33461	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Cane, Edward 5503 S. Congress Avenue #205 Atlantis, FL 33462	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Castillo, George 5503 S. Congress Avenue #101 Atlantis, FL 33462	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Cowen, Peter 4801 Congress Avenue Lake Worth, FL 33461	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Dadi, Shaul 5503 S. Congress Avenue #103 Atlantis, FL 33462	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Dosdos, Alfredo 3918 Via Poinciana #8 Lake Worth, FL 33467	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Goodman, Jeffrey 3047 Forest Hill Boulevard #42 West Palm Beach, FL 33406	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Joshua, Baskaran 3918 Via Poinciana #1 Lake Worth, FL 33467	

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attachment #  
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5/4/06

TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Joshua, Gracy 3918 Via Poinciana #1 Lake Worth, FL 33467	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Khanal, Bhogendra 1490 Forest Hill Boulevard West Palm Beach, FL 33406	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Lakow, Michael 5503 S. Congress Avenue #103 Atlantis, FL 33462	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Levine, Felice 5503 S. Congress Avenue #205 Atlantis, FL 33462	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Musaffi, Albert 5503 S. Congress Avenue #103 Atlantis, FL 33462	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Rosenfield, Thomas 5503 S. Congress Avenue #205 Atlantis, FL 33462	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Rubin, Robert 12977 Southern Boulevard #200 Loxahatchee, FL 33470	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Schlein, Andrew 8188 Jog Road #204 Boynton Beach, FL 33437	
TITLE	Assistant Secretary	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Simon, Mark A. 5503 S. Congress Avenue #103 Atlantis, FL 33462	