

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096525

FILED
Jan 04, 2007
Secretary of State

Entity Name: MEDICAL SPECIALISTS OF THE PALM BEACHES REHAB CENTER, INC.

Current Principal Place of Business:

5401 CONGRESS AVE
SUITE #105
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

5700 LAKE WORTH ROAD
SUITE #204
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0793195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIASECKI, PHILIP
5700 LAKE WORTH RD
SUITE 204
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: DAVIDSON, EDMUND F M
Address: 3918 VIA POINCIANA SUITE #8
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: KRASNER, STEPHEN MD
Address: 5401 CONGRESS AVE SUITE 102
City-St-Zip: ATLANTIS, FL 33462

Title: SD () Delete
Name: TOME, ROBERT E MD
Address: 1490 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD () Delete
Name: LYSAKER, EARL C MD
Address: 5503 SOUTH CONGRESS AVENUE #205
City-St-Zip: ATLANTIS, FL 33462

Title: D (X) Delete
Name: ASLANIAN, GREGORY MD
Address: 6056 BOYNTON BEACH BLVD SUITE 145
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: SIMONS, WILLIAM MD
Address: 5401 S CONGRESS #201
City-St-Zip: ATLANTIS, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN KRASNER, MD

VD

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date