

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096525

FILED  
Apr 28, 2010  
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:**

FERNANDEZ, MANUEL A  
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:** P/D  
**Name:** KRASNER, STEPHEN E MD  
**Address:** 5401 S CONGRESS AVE #102  
**City-St-Zip:** ATLANTIS, FL 33462

**Title:** V/D  
**Name:** GOLDSTEIN, MARK MD  
**Address:** 140 JFK DRIVE  
**City-St-Zip:** ATLANTIS, FL 33462

**Title:** S/D  
**Name:** ROSENFELD, THOMAS MD  
**Address:** 5401 S CONGRESS AVE #211  
**City-St-Zip:** ATLANTIS, FL 33462

**Title:** T/D  
**Name:** SANCHEZ, CARLOS MD  
**Address:** 5401 S CONGRESS AVE #204  
**City-St-Zip:** ATLANTIS, FL 33462

**Title:** CEO  
**Name:** FERNANDEZ, MANUEL A  
**Address:** 5400 LAKE WORTH DRIVE #204  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** D  
**Name:** HERON, JAMES MD  
**Address:** 5401 S CONGRESS AVE #218  
**City-St-Zip:** ATLANTIS, FL 33462

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: MANUEL A. FERNANDEZ

CEO

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date