

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096525

FILED
Feb 21, 2011
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

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: STEPHEN E KRASNER

P

02/21/2011

Electronic Signature of Signing Officer or Director

_____ Date