

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90048 015 ***150.00

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

Principal Place of Business
**5401 CONGRESS AVE
SUITE #105
ATLANTIS FL 33462
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0793195**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS Delete
NAME **DAVIDSON, EDMUND F M**
STREET ADDRESS **3918 VIA POINCIANA SUITE #8**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME **KRASNER, STEPHEN MD**
STREET ADDRESS **5503 SOUTH CONGRESS AVENUE SUITE #103**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME **TOME, ROBERT E MD**
STREET ADDRESS **1490 FOREST HILL BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME **LYSAKER, EARL C MD**
STREET ADDRESS **5503 SOUTH CONGRESS AVENUE #205**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P Delete
NAME **SMITH, FRED R**
STREET ADDRESS **5503 S. CONGRESS AVE SUITE 206**
CITY-ST-ZIP **LAKE WORTH FL 33462**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME **ASLANIAN, GREGORY MD**
STREET ADDRESS **8188 JOG ROAD SUITE 204**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Gregory M. Aslanian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03

CR2E034 (10/02)