

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096525

FILED
Mar 16, 2014
Secretary of State
CC9560430781

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

Current Principal Place of Business:

5401 CONGRESS AVE
SUITE #105
ATLANTIS, FL 33462

Current Mailing Address:

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

FEI Number: 65-0793195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, JOHN CEO
5700 LAKE WORTH RD
SUITE 204
LAKE WORTH, FL 33463 US

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: JOHN BROWN

03/16/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V/D
Name LEVIN, ROBERT MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title V/D
Name TOME, ROBERT M.D.
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title T/D
Name ROSENFELD, THOMAS MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name GOLDENBERG, JAMES M.D.
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title CEO
Name BROWN, JOHN
Address 5700 LAKE WORTH ROAD, #204
City-State-Zip: LAKE WORTH FL 33463

Title S/D
Name BERKMAN, ANDREW MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title D
Name BOYLE, THOMAS MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title D
Name HERON, JAMES MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

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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: JOHN BROWN

CEO

03/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name LIRA, CARLOS MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title D
Name SIMON, TODD DO
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463