

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601005 (2)

1. Corporation Name
REHABILITATION AND ELECTRODIAGNOSTICS PROFESSIONAL ASSOCIATION



Principal Place of Business: **2914 N. BLVD. TAMPA FL 33602-1208**
Mailing Address: **2914 N. BLVD. TAMPA FL 33602-1208**

3. Date Incorporated or Qualified: **05/14/1969**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-1262282** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**PASACH, ARTHUR J
2914 N. BLVD.
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name: **PARADA, JAIRO O.**
82 Street Address (P.O. Box Number is Not Acceptable): **2914 N. Blvd**
83
84 City: **TAMPA** FL 85 Zip Code: **33602**

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0105, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE: **1/16/96**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PASACH, ARTHUR J
STREET ADDRESS	2914 NORTH BOULEVARD
CITY - ST - ZIP	TAMPA FL 33602
TITLE	VD <input type="checkbox"/> DELETE
NAME	PARADA, JAIRO O.
STREET ADDRESS	2914 NORTH BOULEVARD
CITY - ST - ZIP	TAMPA FL 33602
TITLE	STD <input type="checkbox"/> DELETE
NAME	EICHBERG, RODOLFO D.
STREET ADDRESS	2914 NORTH BOULEVARD
CITY - ST - ZIP	TAMPA FL 33602
TITLE	D <input type="checkbox"/> DELETE
NAME	BATAS, VENERANDO I.
STREET ADDRESS	2914 NORTH BOULEVARD
CITY - ST - ZIP	TAMPA FL 33602
TITLE	D <input type="checkbox"/> DELETE
NAME	PATTERSON, JAMES R.
STREET ADDRESS	2914 NORTH BOULEVARD
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, the officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an address block with an address.

SIGNATURE: DATE: **1/16/96** Daytime Phone #

CR2E034 (12/95)