

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601005

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: REHABILITATION AND ELECTRODIAGNOSTICS PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

2914 N. BLVD.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

2914 N. BLVD.  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 59-1262282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARADA, JAIRO O.  
2914 N BLVD  
TAMPA, FL 33602      US

**Name and Address of New Registered Agent:**

PARADA, JAIRO O MD  
2914 N BLVD  
TAMPA, FL 33602      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: JAIRO O. PARADA, MD      01/21/2005  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PARADA, JAIRO O.,  
Address: 2914 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: BATAS, VENERANDO I.,  
Address: 2914 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: PATTERSON, JAMES R.  
Address: 2914 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: PARADA, JAIRO O MD  
Address: 2914 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33602

Title: SECT (X) Change ( ) Addition  
Name: BATAS, VENERADO I MD  
Address: 2914 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33602

Title: TREA (X) Change ( ) Addition  
Name: PATTERSON, JAMES R MD  
Address: 2914 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33602

Title: DIR ( ) Change (X) Addition  
Name: DOMINGUEZ, ROBERTO V MD  
Address: 2914 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAIRO O. PARADA, MD      PRES      01/21/2005  
Electronic Signature of Signing Officer or Director      Date