## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 601005** 

FILED Mar 02, 2006 Secretary of State

Entity Name: REHABILITATION AND ELECTRODIAGNOSTICS PROFESSIONAL ASSOCIATION

Current Principal Place of Business: New Principal Place of Business:

2914 N. BLVD. TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

2914 N. BLVD. TAMPA, FL 33602

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

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

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

PATTERSON, JAMES R 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: JAMES R. PATTERSON, MD 03/02/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS ( ) Delete Title: **PRFS** (X) Change ( ) Addition PARADA, JAIRO O MD PATTERSON, JAMES R MD Name: Name: 2914 NORTH BOULEVARD 2914 NORTH BOULEVARD Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: SECT () Delete Title: () Change () Addition
Name: BATAS VENERADO I MD Name:

 Name:
 BATAS, VENERADO I MD
 Name:

 Address:
 2914 NORTH BOULEVARD
 Address:

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:

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

Title: DIR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DOMINGUEZ, ROBERTO V MD
 Name:

 Address:
 2914 NORTH BOULEVARD
 Address:

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES R. PATTERSON, MD PRES 03/02/2006