FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 2:23

DOCUMENT # **604283** **(2)**

1. Corporation Name

REHABILITATION AND EMG ASSOCIATES, A PROFESSIONAL ASSOCIATION, CHARLES J. KURTH, M.D.

Principal Place of Business	Mailing Address
2501 N. ORANGE AVE. 540 N. TOWER ORLANDO FL 32804	2501 N. ORANGE AVE. 540 N. TOWER ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1973
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business	21	530 E. Central Blvd.	
Suite, Apt. #, etc	22	# 1505	
City & State	23	Orlando, Fl	
Zip	24	32801	
County	25	USA	
2a. Mailing Address	26	530 E Central Blvd	
Suite, Apt. #, etc	27	# 1505	
City & State	28	Orlando, Fl	
Zip	29	32801	
County	30	USA	

4. FEI Number: 59-1452838 ☐ 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

9. Name and Address of Current Registered Agent

KURTH, CHARLES DR
2501 N. ORANGE AVE., STE 540
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	1 1 TITLE		☐ Change ☐ Addition
NAME	KURTH, CHARLES J., M.D.	1 2 NAME		
STREET ADDRESS	601 E. ROLLINS STREET	1 3 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	1 4 CITY ST ZIP		
TITLE		2 1 TITLE		☐ Change ☐ Addition
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY ST ZIP		2 4 CITY ST ZIP		
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
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STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		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)(i), 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with the address.

SIGNATURE: Charles J. Kurth, M.D. 6-9-95 (407) 423-4021
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0095005 CP