

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000004570

FILED  
Dec 04, 2008  
Secretary of State

**Entity Name:** EAST-WEST MEDICAL & REHABILITATION ASSOCIATES, P.A.

**Current Principal Place of Business:**

5680 HIGHWAY 6 #147  
MISSOURI CITY, TX 77459

**New Principal Place of Business:**

707 E CERVANTES STREET, STE 309B  
PENSACOLA, FL 32501

**Current Mailing Address:**

5680 HIGHWAY 6 #147  
MISSOURI CITY, TX 77459

**New Mailing Address:**

707 E CERVANTES STREET, STE 309B  
PENSACOLA, FL 32501

**FEI Number:** 20-1986941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WALKER, GARY ESQ.  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 US

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

FISHER, DAVID W MD  
707 E CERVANTES STE 309B  
PENSACOLA, FL 32501 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: DAVID W. FISHER

12/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CHRM ( ) Delete  
Name: FISHER, DAVID W MD  
Address: 5624 WOODBINE ROAD, SUITE 110  
City-St-Zip: PACE, FL 32571

Title: P ( ) Delete  
Name: FISHER, DAVID W MD  
Address: 5624 WOODBINE ROAD, SUITE 110  
City-St-Zip: PACE, FL 32571

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

Title: CHRM (X) Change ( ) Addition  
Name: FISHER, DAVID W MD  
Address: 707 E CERVANTES ST. SUITE B-309  
City-St-Zip: PENSACOLA, FL 32501

Title: P (X) Change ( ) Addition  
Name: FISHER, DAVID W MD  
Address: 707 E CERVANTES ST SUITE B-309  
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify 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: DAVID W. FISHER

MD

12/04/2008

Electronic Signature of Signing Officer or Director

Date