

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004570

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-1986941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

FISHER, DAVID  
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 FISHER

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: P (X) Change ( ) Addition  
Name: FISHER, DAVID  
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 FISHER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date