

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004570

FILED
Apr 01, 2011
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID FISHER

P

04/01/2011

Electronic Signature of Signing Officer or Director

Date