


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F80279 1. Entity Name MEDICAL ARTS REHABILITATION, INC.	
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Principal Place of Business 2010 - 59TH ST., W. STE. 4700 BRADENTON, FL 34209-4687 US	Mailing Address 2010 - 59TH ST., W. STE. 4700 BRADENTON, FL 34209-4687 US
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2199074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUCOIN, GARFIELD W 2010 - 59TH ST., W. STE. 4700 BRADENTON, FL 34209	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT AUCOIN, GARFIELD W 2010-59TH ST W, STE. 4700 BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRENCH, E. L. 2010 - 59TH ST., W., STE. 4700 BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, CHARLES T 2010 59TH ST W, STE 4700 BRADENTON, FL 34209
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04/25/05-80014-024 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Garfield W. Aucoin V.P. 4/20/2005 (941) 794-3305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #