

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 21 PH 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J73902** (5)

1. Corporation Name

**PHYSICAL MEDICINE AND REHABILITATION ASSOCIATES, INC.**

Principal Place of Business

5210 LINTON BLVD., SUITE 105  
DELRAY BCH. FL 33484

Mailing Address

5210 LINTON BLVD., SUITE 105  
DELRAY BCH. FL 33484

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/21/1987**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**59-2813209**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GILBERT, ROBERTA P.  
5210 LINTON BLVD., SUITE 105  
DELRAY BCH. FL 33484**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
LEVINSON, MARC M.  
5210 LINTON BLVD #105  
DELRAY BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ST  
GILBERT, MAX I.  
5210 LINTON BLVD #105  
DELRAY BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**VP  
ALSHON, JOSEPH  
5210 LINTON BLVD. #105  
DELRAY BEACH, FL**

Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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)(k), 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95

(407) 495-1801