

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **05/21/1987**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **59-2813209**
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
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 30

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, 85 Zip Code: **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LEVINSON, MARC M.		1.2 NAME	
STREET ADDRESS: 5210 LINTON BLVD #105		1.3 STREET ADDRESS	
CITY-ST-ZIP: DELRAY BEACH FL		1.4 CITY-ST-ZIP: 33484	
TITLE: ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GILBERT, MAX I.		2.2 NAME: ALSHON, JOSEPH	
STREET ADDRESS: 5210 LINTON BLVD #105		2.3 STREET ADDRESS: 5210 LINTON BLVD., #105	
CITY-ST-ZIP: DELRAY BEACH FL		2.4 CITY-ST-ZIP: DELRAY BCH, FL 33484	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LASHON, JOSEPH		3.2 NAME: JARRASH, JONATHAN	
STREET ADDRESS: 5210 LINTON BLVD., 3105		3.3 STREET ADDRESS: 5210 LINTON BLVD, #105	
CITY-ST-ZIP: DELRAY BEACH FL		3.4 CITY-ST-ZIP: DELRAY BCH, FL 33484	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: PICARD, DANIEL	
STREET ADDRESS:		4.3 STREET ADDRESS: 5210 LINTON BLVD., #105	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: DELRAY BCH., FL 33484	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 as an attachment with an address.

SIGNATURE: _____ DATE: **2/22/96** 407-495-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)