

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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97 MAY -2 PM 1:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33484-6537
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1987	3a. Date of Last Report 02/27/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	30 Country
21		22		23	
24		25		26	

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

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 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	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSHON, JOSEPH	2.2 NAME	
STREET ADDRESS	5210 LINTON BLVD #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TARR <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, JONATHAN	3.2 NAME	TARRASH, JONATHAN
STREET ADDRESS	5210 LINTON BLVD., 3105	3.3 STREET ADDRESS	SAME (VP - NAME - SPELLING
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	SAME (VP - NAME - SPELLING
TITLE	AVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICARD, DANIEL	4.2 NAME	
STREET ADDRESS	5210 LINTON BLVD STE 105	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)

(Handwritten signatures and notes)