


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90012 041 \*\*\*150.00

**DOCUMENT # J73902**

1. Entity Name  
**PHYSICAL MEDICINE AND REHABILITATION ASSOCIATES, INC.**



Principal Place of Business  
 4800 LINTON BLVD #A203  
 DELRAY BEACH, FL 33445

Mailing Address  
 4800 LINTON BLVD #A203  
 DELRAY BEACH, FL 33445



2. Principal Place of Business  
**14610 MILITARY TRAIL**

3. Mailing Address  
**14610 MILITARY TRAIL**

Suite, Apt. #, etc.  
**G-2**

Suite, Apt. #, etc.  
**G-2**

01082004 Chg-P CR2E034 (10/03)

City & State  
**Delray Beach FL**

City & State  
**Delray Beach FL**

Zip  
**33484**

Country  
**USA**

Zip  
**33484**

Country  
**USA**

4. FEI Number  
**59-2813209**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALSHON, JOSEPH J DO**  
**4800 LINTON BLVD #A203**  
**DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	<b>P</b> <b>ALSHON, JOSEPH</b> <b>4800 LINTON BLVD #A203</b> <b>DELRAY BEACH, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TARRASH, JONATHAN</b> <b>4800 LINTON BLVD #A203</b> <b>DELRAY BEACH, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>PICARD, DANIEL</b> <b>4800 LINTON BLVD #A203</b> <b>DELRAY BEACH, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14610 MILITARY TRAIL, G-2</b> <b>Delray Beach, FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14610 MILITARY TRAIL, G-2</b> <b>Delray Beach, FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14610 MILITARY TRAIL, G-2</b> <b>Delray Beach, FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Joseph J. Alshon* **JOSEPH J. ALSHON, DO** **Jan 8, 2004** **561 495 1801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #