


FILED
Jan 31, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # J73902

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



Principal Place of Business 14610 MILITARY TRAIL G-2 DELRAY BEACH, FL 33484	Mailing Address 14610 MILITARY TRAIL G-2 DELRAY BEACH, FL 33484
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2813209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALSHON, JOSEPH J DO
 14610 MILITARY TRAIL #G2
 DELRAY BEACH, FL 33484

**DO NOT WRITE
 IN THIS SPACE**

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, 2008 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	P ALSHON, JOSEPH 14610 MILITARY TRAIL G-2 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TARRASH, JONATHAN 14610 MILITARY TRAIL G-2 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP PICARD, DANIEL 14610 MILITARY TRAIL G-2 DELRAY BEACH, FL 33484
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 02/08/08-80001-003 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/28/08**

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