

FILED



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

Apr 25 1997 8:00am
Secretary of State

DOCUMENT # L37212 (2)
1. Corporation Name
CENTRAL FLORIDA PHYSICIAN'S REHAB CENTER, P.A.

Principal Place of Business	Mailing Address
1651 N SEMORAN BLVD ORLANDO FL 32807 US	1651 N SEMORAN BLVD ORLANDO FL 32807-3542 US

3. Date Incorporated or Qualified 12/18/1989		3a. Date of Last Report 04/15/1996	
4. FEI Number 59-2981388		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MUNNS, RULOU
250 NORTH ORANGE AVE., 11TH FLOOR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	B5 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 re-instating)

DATE _____

12.		OFFICERS AND DIRECTORS
TITLE	D	
NAME	DAVIDSON, REDACTED Kavl M	
STREET ADDRESS	473 FLETCHER PLACE	
CITY - ST - ZIP	WINTER PARK FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELFTE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

2 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY- ST- ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, on an attachment with an address.

SIGNATURE

4/21/97 467823 7222

CR2E034 (9/96)