

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90290 008 \*\*\*150.00

<b>DOCUMENT # L37212</b> 1. Entity Name CENTRAL FLORIDA PHYSICIAN'S REHAB CENTER, P.A.					
Principal Place of Business 1417 N. SEMORAN BLVD. SUITE 106 ORLANDO, FL 32807 US		Mailing Address 1417 N. SEMORAN BLVD. SUITE 106 ORLANDO, FL 32807 US			
2. Principal Place of Business <b>9354 FLEMING GRANT RD.</b>		3. Mailing Address <b>9354 FLEMING GRANT RD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005    Chg-P    CR2E034 (10/03)	
City & State <b>MICCO FL.</b>		City & State <b>MICCO FL.</b>		4. FEI Number 59-2981388	
Zip <b>32976-2712</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MCCLELLAND, CLIFTON A C/O HOLLAND & KNIGHT LLP 1499 SOUTH HARBOR CITY BLVD SUITE 201 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent  JOHN ALLEN DAUM 10512 S.W. 137TH PLACE MIAMI, FLORIDA 33186-3160		
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 <b>JOHN ALLEN DAUM</b> <b>22 APR 2005</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, KARL M P.O. BOX 390366 DELTONA, FL 327390366		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S C ADD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN ALLEN DAUM, TREASURER 10512 SW 137 PLACE MIAMI FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	← ADD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <b>JOHN ALLEN DAUM</b> <b>22 APR 2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					