


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000007307**

1. Entity Name  
**INDEPENDENT CLINICAL REHABILITATION RESEARCH, INC.**



Principal Place of Business      Mailing Address

**3837 SOUTHSIDE BLVD, STE 6  
 JACKSONVILLE, FL 32216**      **3837 SOUTHSIDE BLVD, STE 6  
 JACKSONVILLE, FL 32216**



04012004 No Chg-NP      GR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FDI Number  
**81-0590525**

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

Assessed For:  Not Applicable

6. Name and Address of Current Registered Agent

**SAFER, ELIOT J ESQ  
 10110 SAN JOSE BLVD  
 JACKSONVILLE, FL 32216**

**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 qualifications of registered agent.

SIGNATURE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

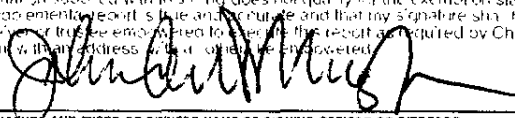
000000128155  
 04/26/04-80028-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MUENZ, JOHN A JR, MD
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6
CITY, ST, ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	ROBERTS, DONALD
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6
CITY, ST, ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	MAYFIELD, CLIFFORD
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6
CITY, ST, ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	MCGARITY, DON
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6
CITY, ST, ZIP	JACKSONVILLE, FL 32216
TITLE	VCFO
NAME	MUENZ, LAURIE K
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6
CITY, ST, ZIP	JACKSONVILLE, FL 32216
TITLE	V
NAME	ROBINSON, GEORGE I
STREET ADDRESS	3837 SOUTHSIDE BLVD, STE 6
CITY, ST, ZIP	JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) Florida Statutes. I further certify that the information indicated on this report or supplementary 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 file this report as required by Chapter 617 Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment, if an address or that officer is designated.

**SIGNATURE:**  **JOHN A MUENZ, JR., MD, PA**  
**22 APRIL 2004 904-997-1701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR