

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007307

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: INDEPENDENT CLINICAL REHABILITATION RESEARCH, INC.

**Current Principal Place of Business:**

3837 SOUTHSIDE BLVD, STE 6  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

5757 BOOTH ROAD  
BUILDING 100  
JACKSONVILLE, FL 322075981

**Current Mailing Address:**

3837 SOUTHSIDE BLVD, STE 6  
JACKSONVILLE, FL 32216

**New Mailing Address:**

5757 BOOTH ROAD  
BUILDING 100  
JACKSONVILLE, FL 322075981

FEI Number: 81-0590525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MUENZ, JOHN A JR,MD  
Address: 3837 SOUTHSIDE BLVD, STE 6  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: ROBERTS, DONALD  
Address: 3837 SOUTHSIDE BLVD, STE 6  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: MAYFIELD, CLIFFORD  
Address: 3837 SOUTHSIDE BLVD, STE 6  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: MCGARITY, DON  
Address: 3837 SOUTHSIDE BLVD, STE 6  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VCFO ( ) Delete  
Name: MUENZ, LAURIE K  
Address: 3837 SOUTHSIDE BLVD, STE 6  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V ( ) Delete  
Name: ROBINSON, GEORGE I  
Address: 3837 SOUTHSIDE BLVD, STE 6  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MUENZ, JOHN A JR,MD  
Address: 5757 BOOTH ROAD, BUILDING 100  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change ( ) Addition  
Name: ROBERTS, DONALD  
Address: 5757 BOOTH ROAD, BUILDING 100  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change ( ) Addition  
Name: MAYFIELD, CLIFFORD  
Address: 5757 BOOTH ROAD, BUILDING 100  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change ( ) Addition  
Name: MCGARITY, DON  
Address: 5757 BOOTH ROAD, BUILDING 100  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VCFO (X) Change ( ) Addition  
Name: MUENZ, LAURIE K  
Address: 5757 BOOTH ROAD, BUILDING 100  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V (X) Change ( ) Addition  
Name: ROBINSON, GEORGE I  
Address: 5757 BOOTH ROAD, BUILDING 100  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. MUENZ, JR., M.D.

DP

04/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date