FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90087 030 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000064332

1. Entity Name
CENTRAL FLORIDA PHYSICAL MEDICINE & REHABILITATION, P.A.

Principal Place of Business	Mailing Address
1704 NORTH CITRUS BLVD. LEESBURG, FL 34749	PO BOX 490216 LEESBURG, FL 34749

94029471

02202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
914 EAST DIXIE AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEESBURG, FL	City & State
Zip: 34748 Country: LAKE	Zip Country

4. FEI Number: 59-3656451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAIELLO, ROBERT L MD
1704 NORTH CITRUS BLVD.
LEESBURG, FL 34749

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 914 EAST DIXIE AVE
City: LEESBURG FL Zip Code: 34748

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: Robert Maiello DATE: 3/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIELLO, ROBERT L MD 1704 NORTH CITRUS BLVD. LEESBURG, FL 34749	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	914 EAST DIXIE AVE. LEESBURG, FL 34748	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Robert Maiello MD 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #