


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P00000064332 |  |
| 1. Entity Name CENTRAL FLORIDA PHYSICAL MEDICINE & REHABILITATION, P.A. | |

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|--|--|
| Principal Place of Business 914 EAST DIXIE AVE. LEESBURG, FL 34748 | Mailing Address PO BOX 490216 LEESBURG, FL 34749 |
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|-------------------------------|
| 4. FEI Number 59-3656451 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent MAIELLO, ROBERT L MD 914 EAST DIXIE AVE LEESBURG, FL 34748 |
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**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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000405293
02/07/06-80035-012 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MAIELLO, ROBERT L MD 914 EAST DIXIE AVE. LEESBURG, FL 34748 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2006 352365955

Date Daytime Phone #