


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90084 050 ***150.00

DOCUMENT # P00000064332

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



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

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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City & State	
Zip	Country

Zip	Country	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

OK
R-Box 490216

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 M. [Signature] 3/15/03

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

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible][illegible]

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: *R. S. [Signature]* **SIGNATURE REQUIRED** *m* *3/12/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date