2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000066165

1. Entity Name
MED DIAGNOSTIC REHAB, INC.

Principal Place of Business	Mailing Address
1085 KANE CONCOURSE, BAY HARBOR, FL 33154	1085 KANE CONCOURSE BAY HARBOR, FL 33154

04082005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1022414	Not Applicable

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

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6. Name and Address of Current Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BLVD
STE 301
NORTH MIAMI, FL 33180

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

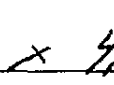**9.** Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WITTELS, MICHAEL B MD
STREET ADDRESS	1085 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR, FL 33154

U00000347475
04/30/05-80117-017 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X_____   x 4/21/05 (561) 312-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #