

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90006 027 ***150.00

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DOCUMENT # P01000079331 1. Entity Name PENSACOLA PHYSICAL MEDICINE & REHABILITATION GROUP, P.A.					
Principal Place of Business 8333 N. DAVIS HIGHWAY 7TH FLOOR WEST FLORIDA MEDICAL TOWER PENSACOLA, FL 32514			Mailing Address 8333 N. DAVIS HIGHWAY 7TH FLOOR WEST FLORIDA MEDICAL TOWER PENSACOLA, FL 32514		
2. Principal Place of Business 5149 North 9th Avenue Suite, Apt. #, etc. Suite G 42 City & State Pensacola, FL Zip 32504		3. Mailing Address 5149 North 9th Avenue Suite, Apt. #, etc. Suite G 42 City & State Pensacola, FL Zip 32504		4. FEI Number 59-3738582 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LEMAY, DAVID E M.D. 8333 N. DAVIS HIGHWAY 7TH FLOOR WEST FLORIDA MEDICAL TOWER PENSACOLA, FL 32514			
7. Name and Address of New Registered Agent Name LeMay, David E M.D. Street Address (P.O. Box Number is Not Acceptable) 5149 North 9th Avenue Suite G 42 City Pensacola FL Zip Code 32504		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 3/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LEMAY, DAVID E M.D. 4188 LANCASTER GATE DRIVE PACE, FL 32571	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, ROBERT P MD 2526 ANGEL COURT GULF BREEZE, FL 32563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 3/23/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR * Date Daytime Phone #</small>					