

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079331

FILED
Apr 21, 2004
Secretary of State

Entity Name: PENSACOLA PHYSICAL MEDICINE & REHABILITATION GROUP, P.A.

Current Principal Place of Business:

5149 N. 9TH AVE
SUTIE G-42
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5149 N. 9TH AVE
SUTIE G-42
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3738582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMAY, DAVID E M.D.
5249 N. 9TH AVE SUITE G-42
PENSACOLA, FL 32504

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMAY, DAVID E M.D.
Address: 4188 LANCASTER GATE DRIVE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: JENSEN, ROBERT P MD
Address: 2526 ANGEL COURT
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. LEMAY M.D.

TREA

04/21/2004

Electronic Signature of Signing Officer or Director

Date