2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P02000000589

Entity Name: FORT PIERCE ORTHOPEDIC REHAB INC.

Current Principal Place of Business:

900 VIRGINIA AVE.
FORT PIERCE, FL 34982

New Principal Place of Business:

900 VIRGINIA AVE. # 16
FORT PIERCE, FL 34982

Current Mailing Address:

3405 SW COLLEGE RD., STE. 101
OCALA, FL 34474

New Mailing Address:

900 VIRGINIA AVE # 16
FORT PIERCE, FL 34982

FEI Number: 01-0558127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST., 4TH FL
MIAMI, FL 33145 US

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: DPST ( ) Delete
Name: ANDREWS, ROBERT
Address: 900 VIRGINIA AVE.
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: ANDREWS, R
Address: 900 VIRGINIA AVE # 16
City-St-Zip: FORT PIERCE, FL 34982

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: R ANDREWS DPST 04/30/2003

Electronic Signature of Signing Officer or Director — Date