



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000104546	
1. Entity Name MED DIAGNOSTIC REHAB OF SOUTH FLORIDA, INC.	

Principal Place of Business 1085 KANE CONCOURSE BAY HARBOR ISLAND, FL 33154	Mailing Address 1085 KANE CONCOURSE BAY HARBOR ISLAND, FL 33154
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3654326	Applied For Not Applicable
5. Certificate or Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAECUS, ALAN J ESQ.
20803 BISCAYNE BOULEVARD
SUITE 301
AVENTURA, FL 33180**

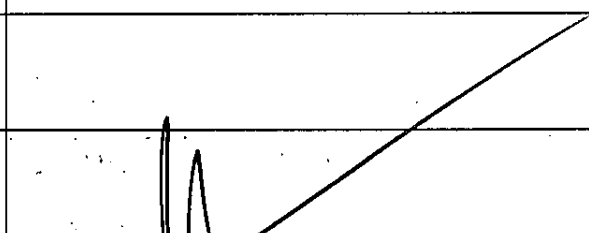
DO NOT WRITE IN THIS SPACE

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.

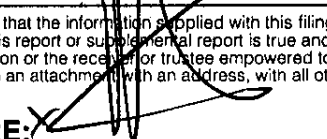
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000920201 05/14/08-80034-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE D	
NAME MARCUS, ALAN J	
STREET ADDRESS 20803 BISCAYNE BOULEVARD SUITE 301	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE 	
NAME 	
STREET ADDRESS 	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-16-08**

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