

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052140

FILED
Apr 07, 2005
Secretary of State

Entity Name: RAJ PHYSICAL REHABILITATION CENTER, P.A.

Current Principal Place of Business:

35 MEADOWS PARK LANE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

6200 W ATLANTIC AVE
SUITE #201
DELRAY BEACH, FL 33484

Current Mailing Address:

35 MEADOWS PARK LANE
BOYNTON BEACH, FL 33436

New Mailing Address:

6200 W ATLANTIC AVE
SUITE #201
DELRAY BEACH, FL 33484

FEI Number: 76-0734546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIRUVALAM, NAGARAJA RPT
35 MEADOWS PARK LANE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

TIRUVALAM, NAGARAJA RPT
6200 W ATLANTIC AVE
SUITE # 201
DELRAY BEACH, FL 33484 US

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:

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TIRUVALAM, NAGARAJA RPT
Address: 35 MEADOWS PARK LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPST () Delete
Name: THANISSETTY, RAMANI B
Address: 35 MEADOWS PARK LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: TIRUVALAM, NAGARAJA RPT
Address: 35 MEADOWS PARK LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: THANISSETTY, RAMANI B
Address: 35 MEADOWS PARK LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: NAGARAJA, ARCHANA
Address: 35 MEADOWS PARK LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: NAGARAJA, AARATHI
Address: 35 MEADOWS PARK LANE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TIRUVALAM, NAGARAJA RPT
Address: 6200 W ATLANTIC AVE SUITE # 201
City-St-Zip: DELRAY BEACH, FL 33484

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

Title: D (X) Change () Addition
Name: TIRUVALAM, NAGARAJA RPT
Address: 6200 W ATLANTIC AVE SUITE # 201
City-St-Zip: DELRAY BEACH, FL 33484

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

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: NAGARAJA TIRUVALAM

P

04/07/2005

Electronic Signature of Signing Officer or Director

Date