2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2007
Secretary of State

DOCUMENT# P03000052140

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 76-0734546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TIRUVALAM, NAGARAJA RPT
6200 W ATLANTIC AVE
SUITE # 201
DELRAY BEACH, FL 33484 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:	P	( ) Delete
Name:	TIRUVALAM, NAGARAJA RPT	
Address:	6200 W ATLANTIC AVE SUITE # 201	
City-St-Zip:	DELRAY BEACH, FL 33484 US	
Title:	VPST	( ) Delete
Name:	THANISETTY, RAMANI B	
Address:	35 MEADOWS PARK LANE	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	D	( ) Delete
Name:	TIRUVALAM, NAGARAJA RPT	
Address:	6200 W ATLANTIC AVE SUITE # 201	
City-St-Zip:	DELRAY BEACH, FL 33484 US	
Title:	D	( ) Delete
Name:	THANISETTY, RAMANI B	
Address:	35 MEADOWS PARK LANE	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	D	( ) Delete
Name:	NAGARAJA, ARCHANA	
Address:	35 MEADOWS PARK LANE	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	D	( ) Delete
Name:	NAGARAJA, AARATHI	
Address:	35 MEADOWS PARK LANE	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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 02/10/2007

Electronic Signature of Signing Officer or Director — Date