

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052140

FILED  
Apr 12, 2008  
Secretary of State

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:

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

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: THANISSETTY, 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: THANISSETTY, 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: D (X) Change ( ) Addition  
Name: NAGARAJA, ARCHANA  
Address: 66 HOMER AVE # 205  
City-St-Zip: CAMBRIDGE, MA 02138 US

Title: D (X) Change ( ) Addition  
Name: NAGARAJA, AARATHI  
Address: 2775 SHORE PKWY #2K  
City-St-Zip: BROOKLYN, NY 11223 US

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/12/2008

Electronic Signature of Signing Officer or Director

Date