

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052140

FILED
Jan 17, 2009
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:

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: 66 HOMER AVE # 205
City-St-Zip: CAMBRIDGE, MA 02138 US

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

01/17/2009

Electronic Signature of Signing Officer or Director

Date