

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094913

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** BROWARD REHABILITATION MEDICINE ASSOCIATES, P.A.

**Current Principal Place of Business:**

3487 N W 30 STREET  
LAUDERDALE LAKES, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 740463  
BOYNTON BEACH, FL 33474 US

**New Mailing Address:**

**FEI Number:** 43-2030706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARNEY, THOMAS F JR  
901 GEORGE BUSH BOULEVARD  
DELRAY BEACH, FL 33483 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARNEY, DANIEL C  
Address: P.O. BOX 740463  
City-St-Zip: BOYNTON BEACH, FL 33474 US

Title: DS  
Name: CARNEY, CHRISTINE M  
Address: P.O. BOX 740463  
City-St-Zip: BOYNTON BEACH, FL 33474 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE M CARNEY

DS

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date