

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 4:43

DOCUMENT # P04000145827

1. Entity Name
ALL PHYSICAL MEDICINE & REHABILITATION, P.A.



Principal Place of Business
720 SW 2ND AVENUE
SUITE 202
GAINESVILLE, FL 32501

Mailing Address
PO BOX 358492
GAINESVILLE, FL 32635



2. Principal Place of Business - No P.O. Box #
720 SW 2nd Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 504

City & State

City & State

Zip

Country

Zip

Country

32601

04282008 REIN-P CR2E098 (1/07)

4. FEI Number
22-3508011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUENCA, CARMEN
709 NW 84TH ST.
GAINESVILLE, FL 32607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-08

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME WASSEF, YOUSSEF MD ☐ Delete
STREET ADDRESS 5148 NW 60TH TERR
CITY-ST-ZIP GAINESVILLE, FL 326534061

TITLE S
NAME YOUNATHAM, INAS F. ☐ Delete
STREET ADDRESS 5148 NW 60TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32553

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200128102042
STREET ADDRESS 05/01/08--01050--009 **300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08

5/5aw