

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145827

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

720 SW 2ND AVENUE
SUITE 504
GAINESVILLE, FL 32601

New Principal Place of Business:

6801 NW 9 TH BVLD
SUITE 4
GAINESVILLE, FL 32605

Current Mailing Address:

PO BOX 358492
GAINESVILLE, FL 32635

New Mailing Address:

6801 NW 9 TH BVLD
SUITE 4
GAINESVILLE, FL 32605

FEI Number: 22-3508011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CUENCA, CARMEN
6910 W UNIVERSITY AVE
STE 2
GAINESVILLE, FL 32607 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WASSEF, YOUSSEF MD
Address: 5148 NW 60TH TERR
City-St-Zip: GAINESVILLE, FL 326534061

Title: S () Delete
Name: YOUNATHAM, INAS F.
Address: 5148 NW 60TH TERRACE
City-St-Zip: GAINESVILLE, FL 32553

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WASSEF, YOUSSEF

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04/27/2009

Electronic Signature of Signing Officer or Director

Date