

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145827

FILED
Mar 06, 2011
Secretary of State

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

Current Principal Place of Business:

6801 NW 9 TH BVLD
SUITE 4
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6801 NW 9 TH BVLD
SUITE 4
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 22-3608011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASSEF, YOUSSEF
6801 NW 9 TH BVLD
STE 4
GAINESVILLE, FL 32605 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: D
Name: WASSEF, YOUSSEF MD
Address: 5148 NW 60TH TERR
City-St-Zip: GAINESVILLE, FL 326534061

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: YOUSSEF WASSEF

D

03/06/2011

Electronic Signature of Signing Officer or Director

Date