

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025926

FILED
Jan 18, 2008
Secretary of State

Entity Name: REHAB MEDICINE ASSOCIATES OF BREVARD, P.A.

Current Principal Place of Business:

3557 CAPPIO DR.
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

3557 CAPPIO DR.
MELBOURNE, FL 32940

New Mailing Address:

3557 CAPPIO DR
MELBOURNE, FL 32940

FEI Number: 20-2477505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYAN, SHERYLL M.D.
600 DEERHURST DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

BRYAN, SHERYLL M.D.
3557 CAPPIO DR
MELBOURNE, FL 32940 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:

01/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: BRYAN, SHERYLL M.D.
Address: 600 DEERHURST DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: BRYAN, SHERYLL M.D.
Address: 3557 CAPPIO DR
City-St-Zip: MELBOURNE, FL 32940 US

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: SHERYLL BRYAN

DR

01/18/2008

Electronic Signature of Signing Officer or Director

Date