2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PHYSICAL MEDICINE & REHABILITATION SAMIR CHAUDHARI, M.D., P.A.

Current Principal Place of Business:

1133 SAXON BLVD
ORANGE CITY, FL 32763

New Principal Place of Business:

2501 NORTH ORANGE AVE.
SUITE 505, SOUTH TOWER
ORLANDO, FL 32804

Current Mailing Address:

1133 SAXON BLVD
ORANGE CITY, FL 32763

New Mailing Address:

2501 NORTH ORANGE AVE.
SUITE 505, SOUTH TOWER
ORLANDO, FL 32804

FEI Number: 20-8377467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAUDHARI, SAMIR MD
1133 SAXON BLVD
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

CHAUDHARI, SAMIR MD
2501 NORTH ORANGE AVENUE
SUITE 505, SOUTH TOWER
ORLANDO, FL 32804 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: SAMIR CHAUDHARI 04/06/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST
Name: CHAUDHARI, SAMIR M.D.
Address: 2501 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: CHAUDHARI, SAMIR M.D.
Address: 375 EMERSON PLAZA, UNIT 1212
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: SAMIR CHAUDHARI PVST 04/06/2010
Electronic Signature of Signing Officer or Director Date