

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111804

FILED
Feb 11, 2008
Secretary of State

Entity Name: SOUTH TAMPA INJURY & REHAB, P.A.

Current Principal Place of Business:

3202 HENDERSON BLVD., SUITE 100
TAMPA, FL 33609

New Principal Place of Business:

4511 N. ARMENIA AVENUE
TAMPA, FL 33603

Current Mailing Address:

3202 HENDERSON BLVD., SUITE 100
TAMPA, FL 33609

New Mailing Address:

4511 N. ARMENIA AVENUE
TAMPA, FL 33603

FEI Number: 26-1219914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POCES, DAVID
4501 N. OCEAN BLVD., TH1
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POCES, DAVID
Address: 4501 N. OCEAN BLVD. TH1
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: POCES, DAVID
Address: 4501 N. OCEAN BLVD. TH1
City-St-Zip: BOCA RATON, FL 33431

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: DAVID POCES

DR

02/11/2008

Electronic Signature of Signing Officer or Director

Date