

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000033102

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** LEESBURG PAIN & REHAB INC.

**Current Principal Place of Business:**

32749 RADIO ROAD  
LEESBURG, FL 34788 US

**New Principal Place of Business:**

**Current Mailing Address:**

32749 RADIO ROAD  
LEESBURG, FL 34788 US

**New Mailing Address:**

**FEI Number:** 45-1620588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUSSMAN, TODD  
1670 ISLAND WAY  
FORT LAUDERDALE, FL 33326 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: DP  
Name: SUSSMAN, TODD  
Address: 1670 ISLAND WAY  
City-St-Zip: FORT LAUDERDALE, FL 33326 US

Title: DVP  
Name: MORREALE, JOSEPH  
Address: 32749 RADIO ROAD  
City-St-Zip: LEESBURG, FL 34788 US

Title: DS  
Name: FINE, JAMIE  
Address: 1670 ISLAND WAY  
City-St-Zip: FORT LAUDERDALE, FL 33326 US

Title: DT  
Name: FINE, TODD  
Address: 1670 ISLAND WAY  
City-St-Zip: FORT LAUDERDALE, FL 33326 US

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: TODD SUSSMAN

DP

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date