


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000003209
1. Entity Name
REHABILITATION MEDICAL GROUP, P.A.



Principal Place of Business: 100 W GORE STREET, SUITE 203, ORLANDO, FL 32806
Mailing Address: 100 W GORE STREET, SUITE 203, ORLANDO, FL 32806



07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3155224 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CREAMER, MICHAEL J DO
100 W GORE STREET
SUITE 203
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Michael Creamer* Michael Creamer DO 7/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREAMER, MICHAEL J. 100 W GORE STREET #203 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREAMER, ROBIN C 116 OAKWOOD DRIVE MAITLAND, FL 32751
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07/15/05-80004-005 550.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *Michael Creamer* Michael Creamer DO 7/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7-12-05 Daytime Phone #: 407-688-8707