


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000003209 1. Entity Name REHABILITATION MEDICAL GROUP, P.A.	
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Principal Place of Business 100 W GORE STREET SUITE 203 ORLANDO, FL 32806	Mailing Address 100 W GORE STREET SUITE 203 ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3155224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000000021068
02/19/08-30000-004 150.00

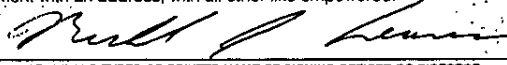
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2/6/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #