

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003209

FILED
Apr 20, 2010
Secretary of State

Entity Name: REHABILITATION MEDICAL GROUP, P.A.

Current Principal Place of Business:

100 W GORE STREET
SUITE 203
ORLANDO, FL 32806

New Principal Place of Business:

100 W GORE STREET
SUITE 500
ORLANDO, FL 32806

Current Mailing Address:

100 W GORE STREET
SUITE 203
ORLANDO, FL 32806

New Mailing Address:

100 W GORE STREET
SUITE 500
ORLANDO, FL 32806

FEI Number: 59-3155224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREAMER, MICHAEL J DO
100 W GORE STREEET
SUITE 203
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

CREAMER, MICHAEL J DO
100 W GORE STREEET
SUITE 500
ORLANDO, FL 32806 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: MICHAEL J CREAMER DO

04/20/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR
Name: CREAMER, MICHAEL J DO
Address: 100 W GORE STREET #500
City-St-Zip: ORLANDO, FL 32806

Title: MRS
Name: CREAMER, ROBIN C
Address: 116 OAKWOOD DRIVE
City-St-Zip: MAITLAND, FL 32751

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: ROBIN C CREAMER

MRS

04/20/2010

Electronic Signature of Signing Officer or Director

Date