

06291999-90005-001-\$450.00-\$450.00

ANNUAL REPORT 1999		Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000009645			
1. Corporation Name: MEDICAL REHABILITATION OF SOUTHWEST FLORIDA, P.A.			
Principal Place of Business 33 BARKLEY CIRCLE SUITE B FT. MYERS FL 33907		Mailing Address 33 BARKLEY CIRCLE SUITE B FT. MYERS FL 33907	
DO NOT WRITE IN THIS SPACE			
3. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JAIN, KUNWAR S. 5838 RIVERSIDE LANE FT. MYERS FL 33919-2508		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when submitting.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ANAMKA, JAIN MD	1.1 TITLE	
NAME	1120 WALES DR	1.2 NAME	
STREET ADDRESS	FT MYERS FL 33901	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	VIKAS, JAIN MD	2.2 NAME	
STREET ADDRESS	1120 WALES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment submitted, with all other lists annexed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #