

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000042983

FILED
Apr 28, 2005
Secretary of State

Entity Name: PHYSICAL MEDICINE CENTER, INC.

Current Principal Place of Business:

14522 UNIVERSITY POINT PLACE
TAMPA, FL 33613

New Principal Place of Business:

14522 UNIVERSITY POINT PLACE
TAMPA, FL 336135425 US

Current Mailing Address:

14522 UNIVERSITY POINT PLACE
TAMPA, FL 33613

New Mailing Address:

14522 UNIVERSITY POINT PLACE
TAMPA, FL 336135425 US

FEI Number: 59-3322200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUPO, ROBERT C DR.
15804 DAWSON RIDGE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

LUPO, ROBERT C DR.
15804 DAWSON RIDGE
TAMPA, FL 33647 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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUPO, ROBERT C DR.
Address: 15804 DAWSON RIDGE DR
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: LUPO, CATHERINE M
Address: 15804 DAWSON RIDGE DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUPO, ROBERT C DR.
Address: 15804 DAWSON RIDGE DR
City-St-Zip: TAMPA, FL 33647 US

Title: S (X) Change () Addition
Name: LUPO, CATHERINE M
Address: 15804 DAWSON RIDGE DR
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CATHERINE M LUPO

MRS

04/28/2005

Electronic Signature of Signing Officer or Director

Date