

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000062266 (7)

1. Corporation Name

REHABILITATION AND PAIN PHYSICIANS OF SOUTH FLOR  
IDA, P.A.



Principal Place of Business 20101 GLENMOOR DRIVE WEST PALM BEACH FL 33409	Mailing Address 20101 GLENMOOR DRIVE WEST PALM BEACH FL 33409-2789
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3. Date Incorporated or Qualified 07/25/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1000 SOUTH OLD DINE HWY Suite, Apt. #, etc. 22 304 City & State 23 JUPITER FL Zip 24 33456	2a. Mailing Address 26 4787 SABLE PINE CIRCLE Suite, Apt. #, etc. 27 1A City & State 28 WEST PALM BEACH FL Zip 29 33417
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4. FEI Number 65-0681965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GONZALEZ, DENISE M.D. 20101 GLENMOOR DRIVE WEST PALM BEACH FL 33409	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4787 SABLE PINE CIRCLE #1A 83 84 City WEST PALM BEACH FL 85 Zip Code 33417
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SAME AGENT  
ADDRESS  
CHANGE  
ONLY

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, J G M.D. 20101 GLENMOOR DRIVE WEST PALM BEACH FL 33409 <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D/S RODRIGUEZ, J G M.D. 4787 SABLE PINE CIRCLE #1A WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, DENISE M.D. 20101 GLENMOOR DRIVE WEST PALM BEACH FL 33409 <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D/PIT GONZALEZ, DENISE M.D. 4787 SABLE PINE CIRCLE #1A WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 (361) 681-9987  
Date Daytime Phone #

0302255

CR2E034 (9/96)