

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067417

FILED  
Apr 05, 2004  
Secretary of State

**Entity Name:** PHYSICIANS DIAGNOSTIC & REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

6263 W SAMPLE RD  
MARGATE, FL 33063 US

**New Principal Place of Business:**

6263 W SAMPLE RD  
MARGATE, FL 33067 US

**Current Mailing Address:**

6263 W SAMPLE RD  
MARGATE, FL 33063 US

**New Mailing Address:**

**FEI Number:** 65-0688250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHINDLE, FILOMENA  
6263 W SAMPLE RD  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SHINDLE, FILOMENIA  
Address: 6263 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL

Title: T ( ) Delete  
Name: RUMAN, HOWARD N  
Address: 6263 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NEWMAN, HOWARD Q  
Address: 6263 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S (X) Change ( ) Addition  
Name: SHINDLE, FILOMENA  
Address: 6263 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33067

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: HOWARD NEWMAN

P

04/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date