2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006
Secretary of State

DOCUMENT# P96000067417

Entity Name: PHYSICIANS DIAGNOSTIC & REHABILITATION SERVICES, INC.

Current Principal Place of Business:

6263 W SAMPLE RD
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

6263 W SAMPLE RD
CORAL SPRINGS, FL 33067 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:

NEWMAN, HOWARD
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: P ( ) Delete
Name: NEWMAN, HOWARD
Address: 6263 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33067

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 PRES 03/03/2006

Electronic Signature of Signing Officer or Director Date