

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90125 005 ***150.00

DOCUMENT # P97000096525

1. Corporation Name

MEDICAL SPECIALISTS OF THE PALM BEACHES REHAB CE
NTER, INC.

Principal Place of Business

Mailing Address

5700 LAKE WORTH ROAD
SUITE #212
LAKE WORTH FL 33463
US

5700 LAKE WORTH ROAD
SUITE #204
LAKE WORTH FL 33463
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

65-0793195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, FRED R
5503 S CONGRESS AVENUE
SUITE #206
ATLANTIS FL 33462

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME DAVIDSON, EDMUND F M
STREET ADDRESS 3918 VIA POINCIANA SUITE #8
CITY-ST-ZIP LAKE WORTH FL 33467

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD ☐ DELETE
NAME KRASNER, STEPHEN MD
STREET ADDRESS 5503 SOUTH CONGRESS AVENUE SUITE #103
CITY-ST-ZIP ATLANTIS FL 33462

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD ☐ DELETE
NAME TOME, ROBERT E MD
STREET ADDRESS 1490 FOREST HILL BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33406

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD ☐ DELETE
NAME LYSAKER, EARL C MD
STREET ADDRESS 5503 SOUTH CONGRESS AVENUE #205
CITY-ST-ZIP ATLANTIS FL 33462

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

561-968-7968

CR2E034 (1/98)