

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096525

FILED  
May 06, 2009  
Secretary of State

Entity Name: MEDICAL SPECIALISTS OF THE PALM BEACHES REHAB CENTER, INC.

## Current Principal Place of Business:

5401 CONGRESS AVE  
SUITE #105  
ATLANTIS, FL 33462 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0793195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIASECKI, PHILIP  
5700 LAKE WORTH RD  
SUITE 204  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

FERNANDEZ, MANUEL A  
5700 LAKE WORTH RD  
SUITE 204  
LAKE WORTH, FL 33463 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: MANUEL A FERNANDEZ

05/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AS ( ) Delete  
Name: SIMONS, WILLIAM MD  
Address: 5401 S CONGRESS #201  
City-St-Zip: ATLANTIS, FL 33462

Title: VD ( ) Delete  
Name: KRASNER, STEPHEN MD  
Address: 5401 CONGRESS AVE SUITE 102  
City-St-Zip: ATLANTIS, FL 33462

Title: SD ( ) Delete  
Name: TOME, ROBERT E MD  
Address: 1490 FOREST HILL BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD ( ) Delete  
Name: LYSAKER, EARL C MD  
Address: 5503 SOUTH CONGRESS AVENUE #205  
City-St-Zip: ATLANTIS, FL 33462

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: KRASNER, STEPHEN E MD  
Address: 5401 S CONGRESS AVE #102  
City-St-Zip: ATLANTIS, FL 33462

Title: V/D (X) Change ( ) Addition  
Name: GOLDSTEIN, MARK MD  
Address: 140 JFK DRIVE  
City-St-Zip: ATLANTIS, FL 33462

Title: S/D (X) Change ( ) Addition  
Name: HERON, JAMES MD  
Address: 5401 S CONGRESS AVE #218  
City-St-Zip: ATLANTIS, FL 33462

Title: T/D (X) Change ( ) Addition  
Name: LEVINE, FELICE MD  
Address: 120 JFK DRIVE  
City-St-Zip: ATLANTIS, FL 33462

Title: CEO ( ) Change (X) Addition  
Name: FERNANDEZ, MANUEL A  
Address: 5400 LAKE WORTH DRIVE #204  
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Change (X) Addition  
Name: SCHLEIN, ANDREW MD  
Address: 6056 BOYNTON BEACH BLVD #145  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify 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: MANUEL A FERNANDEZ

CEO

05/06/2009

Electronic Signature of Signing Officer or Director

Date