

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083119

FILED  
Apr 15, 2006  
Secretary of State

Entity Name: FAMILY MEDICINE & REHAB. INC.

**Current Principal Place of Business:**

7628-7 103RD ST.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

7628-7 103RD ST.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-3535229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUSSAIN, SYED SAJID  
5115 ORTEGA FARMS BLVD  
JACKSONVILLE, FL 32210 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: SYED, HUSSAIN S  
Address: 5115 ORTEGA FARMS BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

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

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: SYED S HUSSAIN

P

04/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date