2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90204 005 ***150.00

DOCUMENT # P98000083119

1. Entity Name
FAMILY MEDICINE & REHAB. INC.

Principal Place of Business	Mailing Address
7628-7 103RD ST. JACKSONVILLE, FL 32210	7628-7 103RD ST. JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7685 103rd St	7685 103rd St
Suite, Apt. #, etc.: Suite #1	Suite, Apt. #, etc.: Suite #1
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32210 Country: United States	Zip: 32210 Country: United States

04172007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3535229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUSSAIN, SYED SAJID
5115 ORTEGA FARMS BLVD
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYED, HUSSAIN S 5115 ORTEGA FARMS BLVD JACKSONVILLE, FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Syed S Hussain 04/17/07 904-771-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #